John A. Logan College
700 Logan College Road
Carterville, IL 62918
Phone 618-985-3741 Fax 618-985-4116 Or 618-985-9751

2018-2019
Dependency Appeal

Student's Name: _____ Social Security Number: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

You are requesting special consideration for independent status in determining your financial aid eligibility. Although you do not meet the Federal requirements to be considered an independent student, you believe your particular circumstances warrant our review. This form must be ***fully completed*** to initiate a review of your dependency status. All information submitted will be held in strict confidence.

You must request a witness familiar with your family circumstances and your living arrangements to assist you in completing this form. The witness must be your teacher, minister, lawyer, physician, counselor, or other professional person who can verify your circumstances upon which this appeal is based.

This appeal is appropriate only for those applicants whose family disintegration was caused by unusual circumstances beyond the applicant's control.

SECTION ONE

In presenting your need, it is your responsibility to explain why and how your family relationship has disintegrated. Be specific and include dates of events and circumstances. Also, include in this narrative your present living arrangements. It is appropriate to include documentation to substantiate your appeal. Such documentation can include statements from child and family service agencies, law enforcement agencies, records of court hearings and judgment, statements from mental health center personnel, high school counselors, etc.

I affirm the foregoing is true and correct to the best of my knowledge. I grant the witness signing this form permission to respond to inquiries concerning my circumstances.

_____
Student Signature Date

SECTION TWO

WITNESS STATEMENT

Explain why you feel this student should be considered independent. You may attach documentation that you feel supports this appeal.

I am familiar with the above-named student's family circumstances. I affirm the information provided by me is true and correct to the best of my knowledge. I agree to respond to inquiries from the John A. Logan College Financial Aid Office concerning this student's circumstances.

Signature of Witness: _____ Date: _____
Printed/Typed Name of Witness: _____ Position: _____
Address of Witness: _____ Phone Number of Witness: _____

After completing this form, submit all documents to the Financial Aid Office for consideration. You will be notified in writing.

FOR OFFICE USE

Action on Appeal: Approval or Denial

Financial Aid Officer Signature: _____ Date: _____

John A. Logan College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.