



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

2022-2023
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's circumstances were caused by unusual conditions beyond the applicant's control.

SECTION ONE

It is your responsibility to explain how and why your family relationship has been dissolved. 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 judgments, 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's 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.