

Student's Name:	Student ID 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. 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. If applicable, include copies of utility bills, health insurance or other documents that demonstrate a separation from parent or legal guardian.

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.

## **SECTION TWO**

## WITNESS STATEMENT

*Explain your first-hand knowledge of the student's family circumstances. Include as much detailed information as possible.* You may attach documentation that you feel supports this appeal.

am familiar with the above-named student's family circumstand ue and correct to the best of my knowledge. I agree to respond nancial Aid Office concerning this student's circumstances.	es. I affirm the information provided by me is to inquiries from the John A. Logan College
anaturo of Witness:	Data:
gnature of Witness:	Date:
rinted/Typed Name of Witness:	Position.
ddress of Witness:	Phone Number of Witness:
After completing this form, submit all documents to the You will be notified in	e Financial Aid Office for consideration. writing.
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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.