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

JALC

***2024-2025***
***Dependency Appeal***

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

If you are a dependent student, but wish to apply for financial aid as an independent student, you must complete this form to appeal for re-classification. You are requesting special consideration for independent status to determine your financial aid eligibility. Carefully read all the instructions, complete this form, and return it with all the required documentation to the Financial Aid Office of John A. Logan College, 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.***

## *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.

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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 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.

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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.*