



2011-2012

**Dependent to Independent
Student Appeal Form**

PURPOSE

This form is used to gather information regarding extraordinary circumstances that warrant the re-evaluation of your dependency status. In order to make exceptions to federal regulations, your appeal must be detailed and accurate, providing government auditors with sound documentation.

POLICIES

This appeal is considered for students who no longer have any relationship with their parents for reasons such as, but not limited to: removal from home due to abuse, parent incarceration or incapacitation, or parent's whereabouts are unknown. The following circumstances do not qualify for appeal: Parents refusing to contribute to college education, parents unwilling to provide FAFSA information, student financially independent of parents, parents do not claim student on income taxes.

BASIC INFORMATION

Student Name _____ Biola ID# _____

Permanent Address _____

Grade Level _____

City (& country if not in U.S.) _____ Zip Code _____

1. Where do you currently live? with parents with relatives on campus off campus

a. Last date you lived at home with your parents? _____

b. If you pay rent, how much do you pay monthly? _____

2. When was the last tax year your parents claimed you as a tax exemption on their federal tax return? _____

3. Has anyone, other than your parents, claimed you as a tax exemption since the dates mentioned in Questions 1 and 2? _____

YES NO

If YES, who and for which year(s)? _____

4. Who pays for your medical insurance? _____

5. Who pays for your auto insurance? _____

(CONTINUED)

SUPPORTING DOCUMENTATION

Please attach the following documentation to this form.

- Describe the circumstances of your independence from your parents and the current status of this relationship on a separate page. Be sure to include information as to how you have supported yourself financially for at least the past two years.
- Attach copies of your federal tax forms for the last two filing years. If a tax return was not filed, you must provide documentation for any income or resources you received (except financial aid), such as W-2 forms or a statement from the employer if payment from the employer was received "in kind" or in cash.
- Document your extraordinary circumstances and relationship with your parents with the following:
 1. At least two signed statements from a school or responsible community person such as a teacher, minister, social worker or doctor. Each letter must indicate the writer's professional position, address, daytime number, and relationship to you. Please ask each person to document, in their own words, their knowledge of your situation.
 2. One signed statement from a family member (excluding parents) or close family friend who is intimately aware of the extraordinary circumstances.

SIGNATURE



PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE. Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I hereby affirm that all information on this form and any attachments hereto are true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filer to a fine or imprisonment or both, under provisions of the United States Criminal Code.

Biola Student's Signature

(Required of all applicants)

Date