



## Dependency Appeal Application

### Please fill in the spaces below:

#### Appeal for independent status:

The US Congress and Department of Education determine the criteria for whether a student is considered dependent or independent of their parents for Financial Aid purposes. How applicants respond to **dependency questions** on the FAFSA determines their dependency status.

#### Please refer to dependency questions on the 2019-2020 FAFSA.

These questions represent the Department of Education's belief that the primary responsibility for financing a student's education rests with the student and his/her family. Unless a student is classified Independent for Financial Aid purposes by Federal definition, parental income and asset information must be included in determining eligibility for Financial Aid.

**\*\* Please note:** Parent means your birth mother and/or father, adoptive parents, or legal parents. Parent(s) does not mean foster parents or grandparents **\*\***

The unwillingness of your parent(s) to provide parental data on your Financial Aid Form or to financially support your education, or your unwillingness to seek financial assistance from your parent(s) is **NOT** an acceptable reason to appeal your dependency status. You must still provide parental data on your Financial Aid Application.

If you do not meet one of the conditions listed in the FAFSA, but still feel there are extenuating circumstances, which might warrant you being considered independent of your parents, for purposes of Financial Aid, you may explain those circumstances in an appeal. **Having sufficient resources to pay your own expenses is NOT considered an extenuating circumstance for determining dependency status.**

**Instructions:** Complete steps 1 -5 of the appeal process then submit the required information to the Financial Aid Office for judgment. This application allows dependent students, as determined by federal guidelines, to appeal their status and request a dependency override under certain circumstances. Submitting this application with appropriate documentation of status does NOT guarantee that an appeal will be granted. All requests are considered to be decisions of professional judgment and the decision of the Financial Aid Director is final. Students must complete this application and submit documentation each academic year to be considered.

**PLEASE NOTE: YOU MUST COMPILE AND ENCLOSE ALL REQUIRED PIECES OF DOCUMENTATION WITH THIS FORM. A DECISION WILL BE BASED ON THE DOCUMENTATION YOU SUBMIT. IF YOUR DOCUMENTATION IS INCOMPLETE, YOUR STATUS MAY BE DENIED.**

University of Rio Grande/  
Rio Grande Community College

PO Box 500  
Rio Grande, OH 45674-0500

Financial Aid Office  
Phone: 740-245-7218  
Fax: 740-245-7260

Email: [finaid@rio.edu](mailto:finaid@rio.edu)

UNIVERSITY OF  
**RIO GRANDE**  
AND RIO GRANDE COMMUNITY COLLEGE

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# Dependency Appeal

## Please fill in the spaces below:

### DEPENDENCY APPEAL APPLICATION

Student's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Step One:** *I am requesting a dependency appeal for the following reason(s): (Please discuss in detail using a separate sheet if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Students may not appeal because his/her parents refuse to complete the FAFSA, refuse to provide required documentation, or a student refuses to request the information from the parents.*

### **Step Two:** *Statement of Non-Support from Parents*

"I/We, the parent(s) of \_\_\_\_\_ (student), do certify that I/we have not provided any form of financial support for my/our child who is pursuing an education at the University of Rio Grande since \_\_\_/\_\_\_/\_\_\_\_. Financial support includes, but is not limited to, room, board, health insurance, auto insurance, or any monetary compensation provided by me/us to the student. I/We agree to provide documentation sufficient to prove the student's independence if requested by the Financial Aid Office. I/We understand that any false information provided on this document could result in severe federal and institutional disciplinary action for the student."

Describe any special considerations or comments relating to the request for the dependency appeal override below. Attach separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Step Three:** *Third-party documentation*

Enclose three signed letters from third-party sources, at least one of which must be from a professional source, which support and clearly explain your appeal from their perspective. The letter should indicate relationship to the student and be signed and dated. Professional third-party sources would include counselors, physicians, lawyers, clergy, or persons in another professional capacity. *(separate sheet if necessary)*

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### Step Four: Documentation Required: (These items are required regardless of situation)

- a. Enclose a copy of student's federal tax return and W-2's for 2018.
- b. Enclose copies of parent's (filed) federal tax returns for the past two years: 2017 and 2018.
- c. Enclose a copy of student's most recent pay stub.
- d. Enclose proof of separate residence. (copies of rent receipts, house payments, utility and insurance receipts, and rental agreements will be accepted)
- e. Indicate the date you (the student) last resided in the home of a parent. \_\_\_\_\_(month/year)
- f. Answer the following:

1. What is the amount of monetary support you receive from your parents?  
 (Amount) \_\_\_\_\_ per (month)\_\_\_\_\_.

2. What other support do you receive from your parents? (i.e. health and/or auto insurance, room, board, etc.) Identify type and value.

Type:

Value:

3. Please indicate source(s) and amount of student annual income for 2018 and expected 2019. Include wages, monetary gifts and interest income.

2018 Source(s): \_\_\_\_\_ 2018 Amount: \_\_\_\_\_

2019 Source(s): \_\_\_\_\_ 2019 Amount: \_\_\_\_\_

- g. List your expenses for 2018 and 2019 below. Record yearly totals.

	2018	Expected for 2019
Housing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Child/dependent care	\$ _____	\$ _____
Personal	\$ _____	\$ _____

### Step Five: Certification

"I certify that all of the information provided on this application is true, accurate and complete. I understand that any false information presented on this application will subject me to disciplinary action as stated on the FAFSA and the University of Rio Grande Student Handbook, Section V.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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