



Return to: Anoka-Ramsey Community College
Financial Aid Office
11200 Mississippi Blvd NW
Coon Rapids, MN 55433

2013-2014 DEPENDENCY STATUS APPEAL

Name _____ Student I.D. # _____ Day Phone (____) _____

Street Address _____ City _____ State _____ Zip _____

I am appealing the Financial Aid Office for consideration to change my status from dependent to independent and to waive parent information.

Federal law says that a student who does not meet federal standards to be considered independent for financial aid purposes may be considered independent if the institution's financial aid office determines and documents that the student has unusual circumstances.

NONE OF THE FOLLOWING CONDITIONS, SINGLY OR IN COMBINATION, WILL QUALIFY FOR A DEPENDENCY OVERRIDE AND, IF SUBMITTED, WILL BE DENIED:

- 1. Parents are unwilling to provide information on the FAFSA or provide documentation for verification information.
2. Parents refuse to contribute to child's education.
3. Student demonstrates self-sufficiency.

In order for this appeal to be considered, you MUST complete this form and provide the following documentation:

- 1. A personal letter from you explaining why you are unable to provide parental information including:
- Why you are not able to provide parental information on the 2013-2014 Free Application for Federal Student Aid (FAFSA). Describe in detail when and why the permanent separation from your parents occurred and how you are able to meet your financial obligations.
2. Attach letters (on letterhead) from two responsible individuals from the community (i.e., minister, social worker, counselor, etc.) who can attest to your situation. Their letter should provide as much detail as possible describing your permanent separation from your parents. They are required to include the following information in their letter:
- Why you are unable to provide parental information, outline clearly their knowledge of you, your parental relationship and your self-supporting status.
- The individual's name, title or position, phone number, address, the date and their signature (preferably on company letterhead).

Note: do not provide letters of personal recommendation.

I certify that all of the information stated in the letters attached concerning my request for a status change from dependent to independent is true and complete.

Student's Signature _____ Date _____

OFFICE USE ONLY

- Appeal Approved: _____
Appeal Incomplete: _____
Appeal Denied: _____

ARCC FA Director's Signature _____ Date _____