

2019-2020 Dependency Appeal

Student's Name:	Social Security Number:
Address:	Phone Number:
City:	State: Zip Code:
You are requesting special consideration for independen Although you do not meet the Federal requirements to be particular circumstances warrant our review. This form n dependency status. All information submitted will be held	e considered an independent student, you believe your nust be <i>fully completed</i> to initiate a review of your
You must request a witness familiar with your family assist you in completing this form. The witness mus counselor, or other professional person who can ver based.	circumstances and your living arrangements to at be your teacher, minister, lawyer, physician, ify your circumstances upon which this appeal is
This appeal is appropriate only for those applicants whos circumstances beyond the applicant's control.	se family disintegration was caused by unusual
SECTIO	N ONE
In presenting your need, it is your responsibility to explain disintegrated. Be specific and include dates of events are present living arrangements. It is appropriate to include a documentation can include statements from child and fare records of court hearings and judgment, statements from counselors, etc.	nd circumstances. Also, include in this narrative your documentation to substantiate your appeal. Such
I affirm the foregoing is true and correct to the best of my permission to respond to inquiries concerning my circum:	
	Student Signature Date

SECTION TWO

WITNESS STATEMENT

Explain why you feel this student should be considered in that you feel supports this appeal.	ndependent. You may attach documentation
true and correct to the best of my knowledge. I agree to responsive financial Aid Office concerning this student's circumstances. Signature of Witness: Printed/Typed Name of Witness: Address of Witness:	Date: Position:
After completing this form, submit all documents to You will be notified i	the Financial Aid Office for consideration. in writing.
FOR OFFICE US	E
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.