



FINANCIAL AID
2008 - 2009
Independent Status Appeal

Financial Aid Office
1100 North Avenue
Grand Junction, CO 81501-3122
Phone: (970) 248-1396
Fax: (970) 248-1191

Name _____ Student Number 700 - _____ - _____
Address _____ Phone _____
_____ Date _____
Email _____ @ _____

Financial aid programs are designed to supplement family resources by bridging the gap between educational costs and the family's ability to pay. One of the underlying principles is that it is the primary responsibility of the family, not the Federal Government, to pay for a student's education. A determination of independent status may be made by reason of unusual circumstance. Unusual circumstances, as defined by the Department of Education, are situations where the parent cannot be located or where an otherwise dependent student is a victim of domestic violence and is no longer residing with his or her parents.

The following are situations that will not qualify as "unusual circumstances" or that do not merit a dependency override:

- 1. Parents refusing to contribute to the students' education.
2. Parents unwilling to provide information on the Financial Aid application (FAFSA) or for verification purposes.
3. Parents not claiming the student as a dependent for income tax purposes
4. Student demonstrating total self-sufficiency.

Please complete this entire form with all required documentation and return it to the Financial Aid Office. The appeal process may take two to four weeks. On a separate sheet of paper please provide a statement explaining your relationship with your parents. Also, please have a relative, clergy, or counselor provide documentation concerning your situation. Attach these letters to this form.

Date of Birth _____ Marital Status _____
Number of credits remaining to graduate _____ Expected Graduation Date _____

** All information requested must be provided to the office of financial aid for the appeal to be considered. **
This request must be submitted each year to the financial aid office

Student Signature _____

Date _____

FOR OFFICE USE ONLY: APPEAL: APPROVED _____ DENIED _____

OFFICER'S SIGNATURE _____ DATE _____

COMMENTS _____