

DELTA STATE UNIVERSITY

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APPEAL TO APPLY FOR FINANCIAL AID AS AN INDEPENDENT STUDENT 2019-2020

When completed this form should be returned to:
Student Financial Assistance, Kent Wyatt Hall 144, Cleveland, MS 38733

SFA USE ONLY

Approved

Denied

COMMENTS: _____

Printed Name - Full Name

Social Security Number

Address

Date of Birth

City/State/Zip

Phone Number

Email

You are considered an independent student for financial aid purposes if you can answer "yes" to one of the following questions.

- | | Yes | No |
|--|-----|-----|
| 1. Were you born before January 1, 1996 | ___ | ___ |
| 2. As of today, are you married? (Answer "Yes" if you are separated but not divorced) | ___ | ___ |
| 3. At the beginning of the 2019-20 school year, will you be working on a master's or doctorate program? | ___ | ___ |
| 4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? | ___ | ___ |
| 5. Are you a veteran of the U.S. Armed Forces? | ___ | ___ |
| 6. Do you have children who will receive more than half of their support from you between 7/1/19 and 6/30/20? | ___ | ___ |
| 7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2020? | ___ | ___ |
| 8. When you were age 13 or older, were both your parents deceased, were you in foster care or were you a dependent/ward of the court? | ___ | ___ |
| 9. As of today, are you an emancipated minor as determined by a court in your state of legal residence? | ___ | ___ |
| 10. As of today, are you in legal guardianship as determined by a court in your state of legal residence? | ___ | ___ |
| 11. At any time on or after 7/1/18, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? | ___ | ___ |
| 12. At any time on or after 7/1/18, did the director of an emergency shelter program funded by the U.S. Department of Housing & Urban Development determine that you were an unaccompanied youth who was homeless? | ___ | ___ |
| 13. At any time on or after 7/1/18, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? | ___ | ___ |

**** If you answered "YES" to question 8, 9, 10, 11, 12, or 13 above, please attach documentation of your status. Your application cannot be processed without this documentation.**

If you answered "No" to all the questions above, but still feel you should be considered an independent student, please proceed to the next page for additional information.

Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income tax return. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Student Financial Assistance Office is required to consider parents' financial information for students who are not independent according to the FAFSA definition on page one unless exceptions are made. Exceptions are made only when adequate documentation of extenuating family circumstances exists. Extenuating circumstances are generally defined by students' inability to have contact with their parents.

Review the reasons for appeal below and check the one that describes your circumstance. If none of these circumstances apply to your situation, do not complete this form.

- _____ 1) Severe circumstances within your family prevent you from obtaining your parents' financial information. Examples:
- a) an abusive home situation which is detrimental to your physical and/or mental well-being
 - b) abandonment by both parents
 - c) history of parental alcohol or drug abuse
 - d) incarceration of the custodial parent
- _____ 2) Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in number one.
- _____ 3) You are divorced after being married for at least two years and maintained a residence apart from your parents and your former spouse's parents during the time you were married. You currently maintain a separate residence from your parents and pay all expenses from your own income and assets.
- _____ 4) You have extenuating circumstances not described above which prevent you from having contact with your parents to obtain information for FAFSA filing.

If you checked number 1, 2, or 4, provide two or more signed statements from two adult professionals who are not family members that verify your family circumstances.

- Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services, and officers of the court
- Letters must be signed originals on agency letterhead with the professional title (Counselor, Rabbi, etc.)
- Personal references which do not represent an agency opinion must be notarized

If you checked number 3, provide:

- Copy of your marriage license and divorce decree
- Signed copy of your 2017 federal tax return
- Copy of current mortgage or rental agreement
- Signed and notarized statement from your parents verifying the amount of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you married

Student Name _____

DSU ID _____

Social Security Number _____

Monthly Expense and Income Worksheet

Estimate your current monthly expenses below.

Expense	Monthly Cost	Who Pays or Provides It
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

Estimate your current monthly income below.

Type of Income	Monthly Income	Source(s)
Wages	\$	
Interest	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

Additional Information

In what year were you last claimed by your parents as a dependent on a Federal Tax Return? _____

When did you last live with your parents?

Month _____ Year _____

When did you last receive financial support from your parents?

Month _____ Year _____

Are you included as a dependent on your parent's medical plan? _____

Do you own or have the use of an automobile while attending DSU? _____

If you have use of an automobile, who is the registered owner? _____

Who is your current employer? _____
