



Office of Financial Aid, Kent Wyatt Hall 144, Cleveland, MS 38733
P: (662)846-4670 F: (662)846-4683 E: finaid@deltastate.edu

2024-2025 Appeal to Apply for Financial Aid as an Independent Student

The Department of Education determines a student’s status as dependent or independent by the responses the student provides on certain items of the Free Application for Federal Student Aid (FAFSA). Students are classified as either dependent or independent because Federal student aid programs are based on the principle that students (and parents) are considered the primary sources of support.

Self-sufficiency of the student or unwillingness of the parent to financially contribute are not sufficient reasons for determining a student’s status as independent. In very limited circumstances, Federal law may allow a Financial Aid Administrator to consider a dependent student as independent (for financial aid purposes) when unusual conditions exist. This form must contain supporting documentation before a request can be considered. **All appeal decisions are FINAL. Appeals are processed as quickly as possible, but can take at least 14 business days during peak periods (June-August).**

_____	_____
Printed Name	Student ID Number

Submit the following for ALL appeals (updates and new appeals):

1. 2024-2025 Appeal to be Independent Form (must complete a new form annually)
2. Submit additional documentation as described under Section A (updated appeals) or Section B (new appeals).

A. Update on Prior Dependency Override Appeal Approval:

If the Financial Aid office approved a dependency override for you during the 2024-2025 academic year, provide the following in order for our office to update the approval:

1. Signed personal statement:
 - a. Updating our office on the nature of your situation (for which the prior appeal was approved),
 - b. Indicate the current status (i.e. situation is unchanged, reconciliation has occurred, etc.).

B. New Dependency Override Appeal

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. You have extenuating circumstances which prevent you from having contact with your parents to obtain information for FAFSA filing. 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 both parents or custodial parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in number one or the student has no contact with the non-custodial parent.

To verify circumstances, please provide two or more signed statements which meet the following criteria:

- 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 (i.e. Counselor, Rabbi, etc.),
- Personal references do not represent an agency opinion must be notarized, and
- Letters from family members are not acceptable.

Student Name

Student ID Number

In the space provided below, explain the basis of your appeal including specific information and dates the situation occurred. Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strictest confidence. You may attach additional pages if needed.

C. CERTIFICATION AND SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Student's Signature (Required)

Date

SFA USE ONLY

___ Approved

___ Denied

___ Student Not Eligible for Special Condition

Comments: _____

Reviewed and Approved by: _____

Date: _____

In accordance with Title IX, Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination, harassment, sexual assault, sexual exploitation, sexual intimidation, stalking, dating violence, domestic violence, or any other behavior that is non-consensual or has the purpose or effect of coercing a person or persons. For questions or concerns about Title IX, please visit <http://www.deltastate.edu/policies/policy/university-policies/employment/employee-responsibilities-and-standards/sexual-harassment/> or contact Deidra Byas, Title IX Coordinator at (662)846-4690 or email titleix@deltastate.edu.