

# Dependency Appeal Application: 2025-2026

Name:	Student ID#:

You are considered an independent student for financial aid purposes if you meet one of the following conditions at the time you complete and sign the 2025-26 Free Application for Federal Student Aid (FAFSA):

If you meet any one of these conditions, you do not need to complete this application!

- you will be 24 years old by December 31, 2025
- · you are an orphan or a ward of the court
- you are a veteran of the U.S. Armed Forces
- you are a graduate student working on a post-baccalaureate degree
- · you are married
- you have legal dependents other than a spouse who meet the definition of a legal dependent found in the FAFSA instructions

Manystudentsfeel they are independent because they currently live on their own or because their parents no longer claim them as dependents on their income taxes. 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 them with college expenses. However, these reasons are not sufficient for an appeal. The Student Financial Services office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definitions unless exceptions are made. **Exceptions are made only when adequate documentation is provided.** 

If you are a dependent student according to the above information but wish to apply for financial aid as an independent student, you must complete this form to appeal for re-classification. Carefully read all of the instructions, complete this form and return it with all the required documentation to: Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge NH 03461. Within 10 business days the Student Financial Services office will make a final determination of your status. **Filingthis formdoes not guaranteethat yourappeal** will be granted.

#### A. Reason for Appeal - check only one

A severe situation exists in your family, which prevents you from obtaining your parents' financial information. Physical or
emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity or another such situation
beyond your control are examples of such a situation.

Youare a non-U.S. citizen (who is otherwise eligible to receive Federal Financial Aid according to your noncitizen status) and your parents currently reside in a foreign country. However, you are not able to obtain parental information because of a long-standing political policy or civil unrest in the country where your parents live which prevents mail or funds from passing into or out of the country.

## **B.** Personal Statement and Documentation

In order for your appeal to be considered, you must illustrate why you feel you should be considered independent. You must write a personal statement in which you describe your circumstances and you must provide documentation that supports the information contained in the statement. The information required depends upon your reason for appeal. You need only to provide the items requested for your appeal reason. When writing your personal statement, **be complete and specific**. A short, highly generalized statement will cause your appeal to be denied. The moreinformationyou provide, the betteryour chances will be of having your appeal approved. Be assured that all theinformation you provide will be held in the strictest confidence. **Attach all statements and documentation, in chronological order, securely to this application.** 

### If you checked Reason #1, please complete the following:

Personal Statement: On separate paper, tell us in your own words why you should be considered an independent student. Explain how you came to support yourself and over what time period you have done this. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. You must also describe the events in your family that led up to your current separation from your parents.

Documentation: Provide statements from at leasttwoprofessional adults who arenotfamily members and canverify the family circumstances you described in your personal statement. Professional adults include clergy members, guidance counselors, teachers or professors, doctors, family counselors, mental health professionals and law enforcement officers. The statements you submit must be originals, not photocopies.

#### If you checked Reason #2, please complete the following:

Personal Statement: On separate paper, tell us in your own words why you should be considered an independent student. Explain how you came to support yourself and over what time period you have done this. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. You must also describe the situation in the country where your parents reside that prevents mail and/or funds from going into or leaving the country.

Documentation: Provide a statement from an official from the embassy (or other diplomatic office) of the country where your parents live that describes the long-standing political policy or civil unrest that exists there. The statement must verify that it is impossible to get mail and/or funds into and/or out of the country. The statement you submit must be an original, not a photocopy.

#### Other Required Documentation:

Please note: you must provide *photocopies only* of the following items as all materials you submit in support of your appeal must be held permanently in your financial aid file. Originals of any item sent will not be returned.

#### 1. Independence for Tax Purposes

Provide signed copies of your parents' 2023 and 2024 income tax returns showing that they did not claim you as an income tax exemption. If your parents file separately, are separated or divorced, you must provide copies of both parents' tax returns.

#### 2. Income

- A. Provide copies of your pay stubs from the past four weeks from all jobs that you currently hold. Be sure to indicate the pay period for each (weekly, biweekly, monthly, etc.). Pay stubs must indicate your current address.
- B. Provide signed copies of your 2023 and 2024 tax returns. If you have not yet filed a 2023 return, provide copies of your 2024 W-2 forms from all jobs.
- C. If you receive any income that does not come from work such as Social Security Benefits, Worker's Compensation, interest on investments, etc., provide documentation of that income in the form of pay stubs, year-end statements, etc.

#### 3. Housing and Utilities

- A. Provide a copyof yourlease, property title or otherwritten housing agreement. If you do not have a written housing agreement, you must provide a notarized affidavit from your landlord naming the property in which you live and the status that he/shereceives rent from you. If you have lived at your current residence for less than a year, you must provide a housing agreement for the previous year.
- B. Provide copies of first and last months' receipts or canceled checks (front and back) used to pay for rent, utilities and phone.

#### 4. Other Expenses

- A. Provide two copies of canceled checks (front and back) or statements from credit cards used to pay for food, clothing, personal care items, school supplies, medical insurance and/or services, etc.
- B. If youdrive a car, provide two copies of receipts or canceled checks (front and back) used to pay for carloan, insurance, maintenance, etc. Also provide copies of your car's registration and your auto insurance policy.
- C. If you have health insurance, provide a copy of your policy.

C. Biographical Informa	tion		
Name:		Social Security #:	
Date of Birth:	Year in School:	Year of High School Graduation:	
Address:			
Home Phone:	Work	Phone:	
Employer Name/Address:			
D. M. All E	11		
CURRENT EXPENSES: Estir first column. Enter your esti	imate of monthly costs in the second column	and how they are covered. Types of expenses are listed in the n. In the third column, give the name(s) and relationship(s) you pay the cost, enter "Self" in the third column.	
Expenses	Monthly Cos	t Who Pays or Provides	
Housing	\$		
Utilities	\$		
Food	\$		
Clothing	\$		
Transportation	\$		
Medical	\$		
Personal	\$		
Type of Income	nn, list the source (examples: self-employ  Monthly Inco		
Wages	\$		
Interest	\$		
Dividends	\$		
Untaxed Income	\$		
Cash Support	\$		
Other	\$		
E. Additional Information	on - answer <u>all</u> questions		
1. In what year were you last cla	aimed by your parent(s) as a dependent on a I	Federal Tax Return?	
,	vour parent(s)? Month:		
	Are you included as a dependent under your parents' medical plan?   Yes		
If yes, give the name of the m	nedical insurer:	□ No	
5. Do you own or have the use	of an automobile while attending Franklin Pi		
If yes, give the name and a	ddress of the registered own <u>er*:</u>	□ Yes □ No	
Address:			
*If you are the registered o	wner, provide a copy of your car registra	tion.	

**REMEMBER**: The success of your appeal depends upon you – what you tell us in your personal statement and what you show us in your documentation. You should concentrate on providing facts, not opinions. Provide any and all information that you feel will help outline your situation. You must provide all requested documentation in order for this appeal to be considered. All information will be kept confidential and will only be used to determine your dependency status for financial aid application purposes. If you have any questions, please contact the Student Financial Services office at (877) 372-7347.

## Student Certification - read carefully before you sign

I herebycertifythatallinformation contained in thisappealfor independentstatus, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirmthat I have not knowingly or intentionally provided any false statements or

fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for financial aid jeopardized.				
Signature:	Date:			
Please note: we will contact you within 10 business day you forward your FAFSA to us at that time; please d	s to notify you if your appeal was approved. If approved, we will request that o not do so until we request it.			
Return form with all the required documentation to	):			
	tudent Financial Services ranklin Pierce University 40 University Drive Rindge, NH 03461			
	For Office Use Only			
□ APPRC	VED   DENIED			
☐ Additional Information Requested				
Date Requested:	Date Received:			
Comments:				

Date

Rev. 1/2024

Financial Aid Officer Signature