

DEPENDENCY STATUS APPEAL

DIRECTIONS: Complete this Appeal Form, attach documentation to support information provided below (e.g. letter from social worker, court documents, etc) complete Verification Form and return your Dependency Status Package to DCAD Financial Aid Office. FAO will review and render decision within 2 weeks from receipt of your appeal.

SECTION A: Student Information (please print clearly):

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
------------	----------------	-----------	----------------------------

MAILING ADDRESS

PHONE	EMAIL
-------	-------

Academic Year Appealing: 2009-2010 2010-2011 2011-2012

SECTION B: Dependency Information

Is your father deceased? Yes No

Is your mother deceased? Yes No

At any time since you turned 13 were you in foster care?
(If yes, attach documentation) Yes No

At any time since you turned 13 were you a ward of the court?
(If yes, attach documentation) Yes No

At any time are/ were you an emancipated minor?
(If yes, attach documentation from a court of law in your state of residence) Yes No

At any time are/ were you in legal guardianship?
(If yes, attach documentation from a court of law in your state of residence) Yes No

After July 1, 2009, did you receive a determination under the McKinney-Vento
Act that you were an unaccompanied youth who was homeless or at risk of
becoming homeless? (If yes, attach documentation) Yes No

Are your parents not willing to sign your FAFSA or provide financial support?
(If yes, attach documentation confirming lack of support) Yes No

If you are not living with your parent(s), have you established a household
independently from them? Yes No
(If yes, explain on separate page, provide copy of your lease and a utility bill with your name)

Specify and provide documentation for any other extraneous circumstance(s) that require you to care for yourself independently.

You must sign this form certifying that the information you provided is complete and correct. Misrepresentation of fact in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever fraud is discovered. If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

I certify that I have provided valid and legal information with supportive information above to document my independent status.

STUDENT SIGNATURE

DATE