Education for your future. Sisterhood for life

Student Financial Aid
Independent Status Appeal Form 2020-2021

Students classified as dependent may petition to be reclassified as an independent student based upon documented extenuating family circumstances. Examples of extenuating circumstances include estrangement from parents, an unsafe home environment, or unknown whereabouts of your parents. **Extenuating family circumstances do not include financial hardship, a parent's unwillingness to provide financial support or self-sufficiency (living on your own). Documentation is required to support your request.**

Deadline to submit application: March 27, 2021. Excluding peak periods, the estimated timeframe for a review is 6 to 8 weeks.

PLEASE PRINT

Student Last Name	First Name	MI	Student ID

Street	City	State	Zip

E-Mail Address	Telephone Number

SECTION A: New Independent Appeal

☐ I am submitting the Independent Appeal Form and documentation for initial consideration during the 2020-2021 academic year.

Please provide the following information. (Please provide a detailed explanation of your circumstance.)

- Provide the whereabouts of your biological parents.
- Describe the last time you had contact with each of your parents: when, where and the nature of the contact.
- Explain why you cannot obtain parental information.
- Provide statements from three adults who are aware of your situation and can corroborate the information that you provide. Two of the three statements may come from the following:

☐ Teacher/Professor
☐ Guidance Counselor
☐ Social Worker
☐ Court/Public
☐ Other

☐ Attorney
☐ Psychiatrist/Health Personal
☐ Clergy
☐ Agency
☐ Family Friend

** ALL STATEMENTS MUST INCLUDE NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP TO

THE STUDENT AND A SIGNATURE**

- Provide a copy of your 2018 Federal Tax Transcript or signed Tax Return (if you did not complete the IRS data retrieval) and copies of your W-2, or verification of your income
- Complete and submit a 2020-2021 Verification Worksheet
- Verification of your current living arrangements (See page 2).

SECTION B: RENEWAL Independent Appeal

Please check one of the following boxes:

☐ My Independent Appeal was approved in a prior academic year. However, Federal Regulations require me to submit a statement verifying that the documented adverse family circumstances still exist.
Please provide the following:
A letter from at least two individuals and yourself stating your current relationship with your natural parents for the last 12 months. The statements must come from one of the following:

☐ Teacher/Professor
☐ Guidance Counselor
☐ Social Worker
☐ Court/Public Agency
☐ Other

☐ Attorney
☐ Psychiatrist/Health Personal
☐ Clergy
☐ Agency
☐ Family Friend

** ALL STATEMENTS MUST INCLUDE NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP TO THE STUDENT AND A SIGNATURE**

Provide a copy of your 2018 Federal Tax Transcript or signed Tax Return (if you did not complete the IRS data retrieval) and copies of your W-2, or verification of your income.

Complete and submit a 2020-2021 Verification Worksheet.

I understand approval in a prior academic year does not guarantee approval for the current academic year.

Section B: Explanation of your circumstance

Please explain in detail the extenuating family circumstances that you believe warrant review of your dependency status. If additional space is needed, please attach a separate sheet. **Do not leave this section blank.**

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Section C: Verification of Current Living Arrangements

Where did you live in 2019? _____State _____On Campus ____Off Campus ____ with Parent

Where did you live in 2020? _____State _____On Campus _____Off Campus ____with Parent

Circumstances that DO Not Warrant an approval for an Independent Appeal

- **Parents refuse to contribute to educational costs**
- **Parents unwilling to provide information on FAFSA or for the verification process**
- **Parents did not claim the student as a dependent for information for income tax purposes**
- **Parents income too high to qualify for need-based aid**
- **Student demonstrated total self-sufficiency.**

Student Certification – Read carefully before you sign.

I hereby certify that all information contain in this document, including the documentation is true and complete. I affirm that I have not knowingly 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 eligibility for Federal and State student aid may be jeopardized.

I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Student Financial Aid.

Note: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General's Office.

NOTE: You are required to provide all documentation to support your request. Failure to submit documentation may result in your request automatically being denied.

Print Name: _____

_____
Student ID

_____
Signature of Student

Mail or Fax completed form to:

Bennett College
Financial Aid
900 E. Washington Street
Greensboro, North Carolina 27401
Telephone: 336-517-2222 Fax: 336-517-2204