



## FINANCIAL AID OFFICE

### 2020-2021 Dependency Appeal Form

The federal government defines specific criteria students must meet in order to be considered “independent” for financial aid purposes. If you do not meet these criteria, you may request that the school’s financial aid office reevaluate your dependency status. A dependency appeal is the process the school uses to review your situation and determine if you are eligible to be considered independent. This can only be done in **unique** circumstances. **NOTE:** Parental unwillingness nor inability to contribute is not considered a unique circumstance, nor is living on your own and paying for your own expenses.

Unique circumstances such as being estranged from your parent(s) due to extreme conditions (e.g. child abuse, abandonment, alcoholism, drug abuse, etc.) which can be documented by an objective third party (e.g. pastor, high school or college professor, a social service agency official, etc.) may qualify for this special treatment.

#### How does the Process Work?

Each school establishes its own policies with regard to granting dependency appeals. As a result, a student could receive a dependency override at one school, but not another.

At McDaniel College, the appeals committee reviews your appeal and keeps the information **confidential**. You will be notified of the committee’s decision.

#### How do I Submit an Appeal?

Complete and submit this form along with the other required documentation to McDaniel College, Financial Aid Office.

**Note:** Appeals will not be reviewed until all paperwork/documentation is received.

#### Other Notes:

- Completion of this form and submission of documents does not guarantee approval of a dependency appeal.
- Approval of an appeal does not guarantee receipt of additional aid.
- Your dependency status must be reevaluated each year until or unless you met the federal government’s definition of an independent student.

*This document contains personally identifiable information.*  
*Financial Aid Office 2 College Hill Westminster, MD 21157*  
*410.857.2233 (Voice) 410.386.4608 (Fax)*



**FINANCIAL AID OFFICE**  
**2020-2021 Dependency Appeal Form**

Student ID#\*

Student Name (Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

**In order to evaluate your dependency status, please provide the following information. Incomplete appeals will not be reviewed.**

**1. PERSONAL STATEMENT**

Write and attach a clear and concise typed one-page explanation of your exceptional circumstance. Your signed and dated statement must include a complete history of the following:

- Your relationship with your biological and/or legally adoptive parents – include their first and last names and last known address.
- Specific dates of events that caused your separation from your parents – include how long you have been separated from your parents.
- Do you have siblings – include their ages, where they live and describe your relationship with them.
- Where you have lived since separating from your parents.
- How you have supported yourself while living apart from your parents – include if you have auto and/or health insurance and who pays for them – include a copy of your card(s).

**2. THIRD PARTY DOCUMENTATION (2 REFERENCES MUST BE PROVIDED)**

Provide statements from **two** third-party references who are not family members who can verify the unique family circumstances you described.

- Third party references can include but is not limited to clergy members, counselors, social workers, physicians or law enforcement officers.
- Letters should be detailed and refer to actual events – they should not be reiterations of events you have shared, but should reflect the writer's direct knowledge.
- Police reports may, in some cases, substitute for one letter.

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**Before submitting this form, please initial that the following items are included:**

- \_\_\_\_\_ Student Personal Statement
- \_\_\_\_\_ First Third Party Reference Statement
- \_\_\_\_\_ Second Third Party Reference Statement

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**Certification:**

By signing this form, I certify that the information provided to support this appeal is true and correct to the best of my knowledge. I understand that failure to provide requested documents will result in a denial. I also understand that completing this appeal does not guarantee an override in my dependency status.

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**Student Signature (HANDWRITTEN, not typed)**

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**Date**

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