

MCDANIEL COLLEGE

FINANCIAL AID OFFICE

Renewal Dependency Appeal Request Form

Student ID #

Academic Year

*i.e. 2019-2020, 2020-2021

Student Name (Last Name, First Name)

This form is for use by returning McDaniel College students who had a dependency appeal granted the previous year.

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 or 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, or 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.

PERSONAL STATEMENT

Write and attach a clear and concise one page explanation of your current circumstance. Include an update of your familial situation **discussing what has occurred over the last year** in the following areas:

- Your relationship with your biological and/or legally adoptive parents – include when you last spoke with your parent(s)
- Specific dates of events cited in your statement
- Where you have lived
- How you have supported yourself while living apart from your parents
- Your sources of income during the past year
- Include if you have auto and/or health insurance and who pays for them – include a copy of your card(s)

Please Initial to indicate that following items are included. Incomplete Appeals Will Not Be Reviewed.

_____ Student Personal Statement

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.

Student Signature (handwritten, not typed)

Date

*This document contains personally identifiable information.
Financial Aid Office | 2 College Hill Westminster, MD 21157
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