



Lander University Office of Financial Aid

320 Stanley Avenue, Greenwood, SC 29649

Email Address: finaid@lander.edu • Web Site: www.lander.edu/finaid

Phone: (864) 388-8340 • Fax: (864) 388-8811

10DEPA

2009-2010 DEPENDENCY STATUS APPEAL FORM

The following information sets forth the requirements for filing a Dependency Status Appeal. Approval of this appeal will allow you to file your Free Application for Federal Student Aid (FAFSA) as an independent student. For a Dependency Status Appeal to be considered, submit complete documentation to the Office of Financial Aid. An appeals committee will review the documentation and determine if the documentation is substantial to grant independent student status. **Since the documentation is reviewed by a committee of financial aid administrators, you should allow a minimum of ten business days for processing and review before you will receive written notification of the decision from the Financial Aid Office.** If approved, additional instructions for filing the FAFSA will be provided at that time. The decision of the committee is final; therefore, you should give careful consideration to the documentation you provide in support of your appeal. You may submit only one appeal during an academic year. **All documentation should be submitted when you submit this form. Incomplete appeals will not be considered.**

NOTE: In recent years, the U.S. Department of Education has identified four conditions that, individually or in combination with one another, do not merit a dependency override.

Those circumstances are:

1. Parents refusing to contribute to the student's education
2. Parents unwilling to provide information on the application
3. Parents not claiming the student as a dependent for income tax purposes
4. Student demonstrating total self-sufficiency

Because the Department of Education has issued such clear guidance on this issue, the Lander University Office of Financial Aid will not approve appeals based solely on the reasons above.

All the following documentation should be submitted at the same time for your appeal to be considered:

1. A letter from the student explaining the reason(s) for this appeal.
2. A copy of your current lease agreement or letter from landlord that indicates the amount of rent you are personally responsible for paying each month.
3. Annual statements/documentation of personal car and health insurance.
4. Copies of your Federal income tax returns for the last two years (if not available, this should be explained in your personal statement.)
5. Copies of your parents' Federal income tax returns for the last two years (if not available, this should be explained in your personal statement.)
6. A letter from your parents in which your parents explain why they feel they should not be expected to help finance your college expenses. (if not available, this should be explained in your personal statement.)
7. Two additional letters from individuals who can verify your independence. These letters should be from individuals who know your family situation, i.e., a high school counselor, psychologist, psychiatrist, doctor, or minister. These letters must state the individual's relationship to you; the length of time the individual has known you and your family, and **a detailed explanation of the conditions that they are aware of which supports your request for independent status.**
8. Any other applicable supporting documentation.

STUDENT RESOURCES

Last name	First	Middle	Lander ID
------------------	--------------	---------------	------------------

Mailing Address	City	State	ZIP
-----------------	------	-------	-----

Telephone Number: _____

1. What was the total amount of support you received from your parents for the last two years (e.g., health insurance, room & food, car insurance): 2008 \$_____ Type of Support: _____ 2007 \$_____ Type of Support: _____

2. What were your total earnings before taxes for the last two years?
 2008 \$_____ Total earnings before taxes. 2007 \$_____ Total earnings before taxes.

3. What was the total amount of savings & checking available to you in the last two years? **Do not include financial aid funds reported in item #4 below.** 2008 \$_____ 2007 \$_____

4. What was the total amount of financial aid available to you in the last two years? 2008 \$_____ 2007 \$_____

5. Calculate your budget for the last two years. Enter 0 (zero) if no expenses were incurred.

Budget Item	2008	2007
Room/rent		
Food		
Utilities (Telephone, Electric, Gas, etc.)		
Tuition & Fees / Books/Supplies		
Insurance (car/medical)		
Medical expenses not covered by insurance		
Transportation		
Personal Expenses		
Clothing and Laundry		
Other		
Total expenses incurred:		

The information provided above is complete and accurate to the best of my knowledge.

Student Signature	Date
-------------------	------

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Review 10DEPA for all required docs. If not collected, note why.	
Initials/date		RNAOVxx Dependency =Y if approved and FAFSA rec'd	
Fwd to Counselor date		Recalc Need and update ROAUSDF etc and trans #	
		If no FAFSA, code paper FAFSA and mail to student – hold until ISIR rec'd, then update RNAOV DEP OVR=I and re-calc	
		RRAAREQ – 10DEPA + add CORRP for correction	
		RHACOMM	
		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	