



**Office of Student Financial Aid
Dependency Status Appeal Form
615 N Stadium Ave
Thatcher, Arizona 85552**

Name: _____ SS#/EACID#: _____

Mailing Address: _____
Street
_____ City State Zip

Telephone # () _____ - _____ Email: _____ @ _____

The basic premise underlying student financial aid is that it is primarily the responsibility of the student and his or her family to pay educational costs. When the family resources are insufficient, financial aid may be awarded to supplement the resources of the student and parent(s) to help pay educational expenses. By completing this appeal, you are asking Eastern Arizona College Financial Aid Office to relieve your parent(s) of the responsibility for using their resources to pay part or all of your college costs. Only very extenuating circumstances will make it reasonable to approve such an appeal. *Having sufficient resources to pay your own expenses or moving out of your parent's home because you feel it is the right thing to do after graduating from high school are not considered extenuating circumstances to make a dependent student independent.*

To consider your appeal for independent status, please complete this form and provide supporting documentation as required.

Step One

1. What amount of financial support did you receive from your custodial parent(s) in the last federal tax year? \$ _____

2. What amount of financial support will you receive from your custodial parent(s) in the current federal tax year? \$ _____

3. What other support will you receive this academic year from your custodial parent(s) example: health insurance, auto payment, room, board, clothing, use of vehicle, cash, etc.?

Please identify the type of support and its approximate value:

_____ \$ _____
_____ \$ _____
_____ \$ _____

4. Do you live in a property owned by your custodial parent(s)? No Yes

Step Two

If one of the following circumstances applies to you, please check the category and provide the required documentation:

I completed my FAFSA as single but am now married. Provide a copy of your marriage license.

Your family situation is unreasonable. The dysfunction may be the result of physical abuse, sexual abuse, emotional abuse, and abandonment, issues with sexual orientation and/or drug or alcohol abuse.

Required documentation which should be attached to this form:

1. One letter from you, the student, explaining your situation in detail. Be sure to include a time frame (dates) as to when events occurred to the best of your knowledge.
2. One letter, on an official letterhead, from a minister, social worker, psychologist, high school counselor, teacher, doctor, **or** other professional, explaining their knowledge of your situation. If you have never sought professional assistance explain this in your letter.
3. One or more of the following:
 - A letter from an independent third party, non-relative or friend, which might be a neighbor, employer, or parent's friend stating their understanding of your situation.
 - Police reports if any were filed.
 - Court documents if the courts were ever involved.
 - Other agency documentation, like from child protective services if relevant.

Certification

I certify all information on this appeal, and attached documentation, is complete and accurate. I understand that purposely giving false information may result in a fine \$20,000 and a prison sentence, or both.

Signature: _____ Date: _____

Warning: Any decision rendered under professional judgment from EAC only applies to EAC. This appeal is subject to professional judgment of the Office of Student Financial Aid at EAC. This request may be subject to further documentation and personal interview with a Financial Aid Advisor.

Return this form and documents to: EAC Financial Aid Office, 615 N Stadium Ave, Thatcher, AZ 85552, FAX # 928-428-2391 or your Gila Hank Financial Aid Forms Drop Box.