



FINANCIAL AID

Dependency Status Appeal Form

Name: _____ EAC ID# _____

Mailing Address: _____
Street and/ or Box # 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.

Section I:

1. Explain what types of financial assistance you received from your parent(s) in the 2016 federal tax year? _____

2. Explain what types of financial assistance you currently receive from your parent(s)? _____

3. Do you live in a property that is owned by your parent(s)? Yes No

Section II:

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, abandonment, sexual orientation or drug or alcohol abuse.

Required documentation which should be attached to this form:

1. One letter from you, the student, explaining your situation as much as you feel comfortable in sharing. 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, police officer, 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-relation 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 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.

Student's Signature: _____

Date: _____

Return this form 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.