Student Financial Aid
1755 US HWY 68
Maysville, KY 41056
Telephone: (606) 759-7141
Fax: (606) 759-5818
www.maysville.kctcs.edu

Request for Independent Status Consideration

This application is to request a review of your FAFSA dependency determination.

Federal Financial Aid Regulations place the responsibility for meeting educational needs upon the parent; however, in unusual cases, a student may be able to provide sufficient documentation to be considered "Independent."

A written appeal, including supporting documentation, may be submitted to the Financial Aid Office anytime. In addition to your appeal, you must submit a signed Verification Worksheet along with required Financial Information for the most recently completed tax year.

The Verification Worksheet is available from the Financial Aid Office or online at the link below http://www.maysville.kctcs.edu/Costs_and_Financial_Aid.

Please put your student ID number on **all** forms submitted to the Financial Aid Office.

Student ID Number _____

Print Last Name _____ **First** _____ **MI** _____

Print Street Address _____

Print City _____ **State** _____ **Zip** _____

Telephone Number _____

The following reasons, individually or in combination, are not grounds for consideration:

1) Parent refuses to contribute to the student's education
2) Parent is unwilling to provide documentation for the FAFSA or verification process
3) Parent does not claim student on tax return
4) Student demonstrates total self-support

In your written appeal, you must address the following:

1) Describe the last time you had contact with each of your parents—when, where, under what conditions
2) Provide the current location of both your parents
3) Explain what unusual circumstance you believe makes you independent for FAFSA purposes
4) Describe how you are currently supported (a) how do you provide support for yourself (b) are others responsible for your support, if so, who (c) when did this current arrangement of support begin

In addition to your written appeal, you must provide the following:

5) Letters of support from two responsible adults who are aware of your situation. At least one letter must be on letterhead from a guidance counselor, physician, teacher, social worker, case worker, clergy person or other person directly involved with you in a professional capacity. All letters must be signed, dated and include contact information (phone, email, etc) for follow up consultation.
6) Legal documents, lease agreements and/or utilities in your name, court records, police reports, death certificate or other official correspondence that supports your request may be substituted for one of the requirements mentioned in 5) above.

Submit this signed document, your written appeal and all required documentation to the Financial Aid Office in a sealed envelope with your name and student ID number written on all enclosed sheets.

The decision of the Financial Aid Office is final and cannot be appealed to the U.S. Department of Education.

I swear under penalty of perjury that all of the information contained in this application is true to the best of my knowledge. I understand that providing false or misleading information in an attempt to obtain federal financial aid can result in a fine of up to $10,000 and/or incarceration. **I understand that failure to provide the required documentation will result in denial of this application.**

Student's Signature: _____ **Date:** _____