



2022-2023 Dependency Appeal Form

PLEASE PRINT				
STUDENT'S NAME: _____				
HOLY FAMILY ID: _____				
ADDRESS: _____				
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE: _____		EVENING PHONE: _____		

Your response to *Step 3* of the Free Application for Federal Student Aid (FAFSA) determines whether or not you are considered dependent or independent for financial aid purposes. If you do not meet any of the criteria in *Step 3* of the FAFSA, you are considered a dependent student and are required to provide parental information on the FAFSA.

By appealing your dependency status, you are asking the Financial Aid Office to override this federal regulation by relieving your parents of the responsibility of using their resources to pay part of your educational cost. **An appeal of this magnitude will be granted only in extenuating circumstances. Having sufficient resources to pay your own educational expenses or your unwillingness to seek financial assistance from your parents are not considered extenuating circumstances for determining dependency status. Also not considered extenuating circumstances for determining dependency status is the refusal of your parents to provide their data on your FAFSA or their unwillingness to financially support your education.**

If you are considered dependent, but feel that there are circumstances that may warrant reevaluation of your dependency status, please review the following situations. If one of them describes your situation, check the box and submit this form to the Financial Aid Office with the required documentation. Please remember that all information that you submit is treated with the utmost confidentiality.

- You have been separated from your parents due to an unsafe home environment. **Please submit a detailed description of your circumstances in your own words. Also submit two sources of documentation, on their letterhead, from a court, social service agency or respected member of your community (clergy, guidance counselor, teacher, etc.) acceptable to the Financial Aid Appeals Committee.**
- You are from a foreign country, but have established permanent residency in the United States, are a refugee or have political asylum and your parents live outside of the United States. **Please submit a detailed description of your circumstances in your own words. Also submit two sources of documentation, on their letterhead, from the Department of Homeland Security or a social service agency acceptable to the Financial Aid Appeals Committee.**
- You have been separated from your parents, but were not in foster care and were not a dependent or ward of the court, come from a documented background of historical poverty and are living with a relative (who is not your legal guardian) who is providing your support. **Please submit a detailed description of your circumstances in your own words. Also submit two sources of documentation, on their letterhead, from a social service agency or respected member of your community (clergy, guidance counselor, teacher, etc.) acceptable to the Financial Aid Appeals Committee.**

I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge.

STUDENT SIGNATURE: _____ DATE: _____

You should also be aware that this form cannot be used to reevaluate your dependency status for Pennsylvania state grants. If you are a resident of Pennsylvania, you should contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 800-692-7392 to request their forms. If you reside in another state and receive a state grant at Holy Family, you should contact your state's agency to determine if another form is required.

RETURN COMPLETED FORM AND REQUIRED DOCUMENTATION TO THE ADDRESS OR FAX NUMBER AT THE TOP OF THIS FORM. CONTACT US AT THE PHONE NUMBER OR EMAIL ADDRESS ABOVE WITH ANY QUESTIONS.