

## 2022-2023 Dependency Appeal Application

Student's Nam	e:	HCCC ID:	Phone: ()	)
Dependency A	opeal Process			
The dependent considered ind FAFSA. <b>Unusua</b> dependency ov	cy appeal process allow lependent even though Il Circumstances refer to verride (i.e., an adjustr	ws a student who has unusually they do not meet any of the to the conditions that justify ment to a student's dependenceration, human trafficking,	e independent studen an aid administrator p ncy status) based on a	t criteria on the performing a unique situation,
<u>Directions</u>				
must be comp	olete and specific. A	nd provide the requested do Il information you provide inancial Aid Office in strictes	will be used solely to	
Reason for App	<u>oeal</u>			
unable to cont circumstances • Parental abale • Human traffi • Legally grant	act a parent or where of: ndonment or estrange			
Documentation	า			
-		you will be providing the Fin	ancial Aid Office	
	Personal statement e	explaining the family situation	١	
		t order of official Federal or S legal guardian are incarcerat		hat the
	advocate (or similar) o	rom an attorney, guardian ac or a representative of a TRIO d the person's relationship to	or GEAR UP program	· ·
		from adult professionals who s clergy members, lawyer kers, etc.)	•	,
	Others:(Enclose all su	pporting documents)		

<u>Personal</u>	Statement	
Conditio	ns that are NOT CROUNDS for a dependency of	vorrido
<u>Conditio</u>	ns that are NOT GROUNDS for a dependency o The student is financially self-sufficient	<u>verride.</u>
•	<del>-</del> 1	
•	<del>-</del> 1 .//	's college education
•	The parent(s) do not claim the student as a	_
•	• • • •	mation on the FAFSA application or verification
		.,
<i>Office m</i> Office w	ncial Aid counselor will review the appeal and ay request for additional information to complible ill notify the student within two weeks of the sut this form does not mean that your appeal wi	lete the review of the application. The Financial Aid submission of a complete appeal.
Office	ill patify the student with two weeks of the sw	bmission of a complete appeal. Filling this form
	•	uld be within two weeks. should be Filling out this
	filing this form	and be within two weeks. Should be I filling out this
I	declare that all the information I provided on	this form is true and correct.
_	 Student's Signature	 Date