Independent Status Appeal  
2019-2020

Student name printed

COCC ID number

Many students feel they are independent because they are currently living on their own and/or because their parent(s) no longer contribute to their support. **However, the Department of Education requires parent information except under the following conditions:**

- Student is 24 years of age or older – born before January 1, 1996.
- Student is a documented orphan or ward of the court.
- Student is a veteran of the Armed Forces of the United States.
- Student is an active member of the United States Armed Forces or currently serving on active duty for purposes other than training.
- Student is working on a Master’s or Doctorate program during the academic year 2019-20.
- Student is married on the day the FAFSA® is initially completed.
- Student has legal dependents other than a spouse.
- Student is someone for whom a financial aid administrator makes a documented determination of independence by reason of extenuating family circumstances.

**Note:** The Department of Education issued guidelines to clarify conditions under which financial aid administrators may appropriately consider dependency overrides. **They do not include:**

- Parents refusing to contribute to student’s education.
- Parents unwilling to provide information on the application or for verification.
- Parents not claiming the students as a dependent for income tax purposes.
- Student demonstrating total self-sufficiency.

TO BE CONSIDERED FOR A REVIEW

1. Read Section I carefully and collect appropriate documentation.

2. Complete Sections II and III. **If none of the circumstances in Section I apply to your situation, do not complete this form.**

3. Complete the certification statement below.

4. Submit the FAFSA®, with all the student information completed.

5. Return the required information and documentation to the Financial Aid Office. You will receive a written response within fifteen business days.

**Certification Statement:**

All of the information provided by me for this appeal, is true and complete to the best of my knowledge. If requested, I agree to provide documentation for any information I have submitted. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Signature

Date

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Financial Aid Office

541.383.7260  •  fax: 541.383.7506

2600 NW College Way, Bend, Oregon 97703

www.cocc.edu/financial-aid  •  e-mail: coccfinaid@cocc.edu
SECTION I – EXTINGUISHING FAMILY CIRCUMSTANCES

We may be able to override your dependent status if unusual family circumstances exist that make it impossible for you to have contact with your parents. Examples are: a parent is institutionalized; or you have been physically or emotionally abused by parent(s). If your family situation involves an extreme situation such as those described above, you may appeal your dependent status by submitting the following:

- A personal letter of explanation describing your special circumstances and means of support, and;
- A letter on professional letterhead from a third party (examples: clergy, teachers, counselors, social workers, psychologists, doctors, lawyers) who is familiar with and will verify your family situation and the fact that it is unsafe for you to contact your parents to complete the FAFSA®, and;
- A letter from a relative or a friend who can confirm the circumstances you describe.

SECTION II – INDEPENDENT IN PRIOR YEARS

Have you been approved previously for independent status at COCC? _____Yes _____No

If yes, describe current situation in the space provided for personal statement (see Section III).
If no, provide copies of original documents submitted at previous institution, or new documents verifying circumstances (see Section I).

SECTION III – PERSONAL STATEMENT

If we have asked you to provide a personal statement, you may use this space. Attach additional sheets if needed.

For office use only   Approved_____ Denied_____

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Signature _______________________________ Date __________________