

SAINT MARY-OF-THE-WOODS COLLEGE OFFICE OF FINANCIAL AID

Dependency Status Appeal

Student	ID#:	eMail:	
Student	Name:		
(please print clearly) Last		First	MI
(must be	e FULL LEGAL NAME)		
complet for reaso recogniz This app permit a	instances, a student may have extending the FAFSA. This form gives a cons other than financially self-suppose the amount of a student's incompeal process gives the student the and change of dependency status. Plest http://fafsa.ed.gov .	student the ability to appear porting. The federal government as a reason to consider the ability to state difficult circum	l dependency status ment does not e student independent mstances that may
	: A parent's choice not to pay for leral Government as an allowable		not recognized by
To be co	onsidered for a dependency status ents:	appeal, you must provide th	e following three (3)
1.	A detailed letter from you, ex support yourself and your educ parent(s),	1 0,	0 , 1
2.	A notarized letter from a teac outside of your immediate fam converse with, or receive support	ily who can attest first-hand	
3.	A notarized letter from anoth you do not receive support from	er adult who can attest first	-hand to the fact that
	closing the requested documents as		Judgment Committee
Student	t's Signature		
Date			