



BOWLING GREEN STATE UNIVERSITY

STUDENT FINANCIAL AID 2008-2009 Dependency Appeal Application

Students classified as dependent may petition to be reclassified as independent based upon documented adverse family circumstances that make obtaining your parents' FAFSA information impossible. Examples of adverse conditions include severe estrangement from parents, an unsafe home environment, or unknown whereabouts of your parents. **Extenuating family circumstances do not include financial hardship, a parent's unwillingness to provide financial support, that parents do not claim you for tax purposes, or the fact that you are completely self-sufficient.**

Student's Last Name: _____ First Name: _____

Student's BGSU ID #: _____

Mailing Address: _____
Code Street or P. O. Box City State Zip

If we have questions about information how would you prefer to be contacted?

Cell Phone # () _____ - _____ BGSU E-mail: _____

PARENT INFORMATION

When did you last have contact with your parents? _____

When did you last live with your parents? _____

Have your parents provided you with support in the last 12 months (support may include cash, housing, food, gifts, car insurance, loans, college costs, etc.) **YES** **NO**

If Yes, list type and amount below:

TYPE	AMOUNT
_____	_____
_____	_____
_____	_____

Please give the address of both parents if known:

Mom

Street _____ City _____ State _____ Zip _____

Dad

Street _____ City _____ State _____ Zip _____

BGSU PO# _____

CURRENT LIVING ARRANGEMENTS

Please indicate one of the following:

- I have attached a copy of my current lease or rental agreement.
- I do not have a current lease or rental agreement, however, I am attaching a signed statement from my landlord and/or roommate verifying my tenancy (Include address, first date of tenancy and monthly rent amount).

Please indicate where you will reside during school breaks:

INCOME INFORMATION

Please indicate one of the following:

- Attached is a SIGNED copy of my 2007 Federal Income Tax form 1040/1040EZ/1040A.
- I have not and will not file taxes, but enclosed are my W-2 forms for each source of income.
- I did not work, but the following is an explanation of financial assistance I received in 2007.

ADDITIONAL DOCUMENTATION

In addition to this completed application, the following must be attached in order to review your appeal:

1. A statement from you explaining your family circumstances, in detail, that you feel qualify you as Independent.
2. A letter from a professional person (counselor, therapist, clergy, social worker, etc.), on a letterhead, substantiating and documenting the existence of your adverse family circumstances.
3. A second letter from a person having comprehensive knowledge regarding the existence of the adverse condition.

SIGN THIS APPLICATION:

By signing this application, I certify that all of the information reported is complete and correct. I understand that if my appeal is approved, I must submit a statement verifying that the documented adverse family circumstances still exist for each subsequent year I wish to receive financial aid. **WARNING:** If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature

Date

Student BGSU ID#

You may mail or fax copies of the dependency appeal application and supporting documents to:

**Bowling Green State University
Student Financial Aid
ATTN: Pamela Fletcher
231 Administration Building
Bowling Green, Ohio 43403-0114**

**Phone: 419.372.2651
FAX: 419.372.0404
www.bgsu.edu/offices/sfa**