



Independent Appeal Form

Personal Information

Aid Year: 22/23

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Email Address: _____ Phone Number: _____

Independent Appeal Form

If you are classified as a dependent student based upon your answers in Step 3 of the Free Application for Federal Student Aid (FAFSA), you may complete this form to appeal for reclassification.

Dependent students 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, parent's unwillingness to provide financial support or documenting that you are self-sufficient and not reliant upon your parents. In order for your appeal to be approved, you must be able to document that all financial and emotional contact with your parents has been severed as a result of the adverse family circumstance.

The following information must be submitted before your appeal can be reviewed:

1. A detailed narrative explaining the adverse family circumstances.
2. A letter from a professional person (counselor, therapist, member of the clergy, social worker, etc.), on 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 circumstance.
4. Verification of your 2020 income
5. Verification of your current living arrangements

Section A: Please check the appropriate box

I am submitting the Independent Appeal form for initial consideration during the 2022-2023 academic year. 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.

My Independent Appeal was approved at LLU in a prior academic year. I am re-verifying that the documented adverse family circumstances still exist in the section B of this form, per Federal Regulations.

**Please also complete sections C, D and the Certification Statement below.

Please Note: All required documents must be submitted with this form.

Section B:

When was the last date you had contact with your parents? (MM/YYYY) _____ / _____

When did you last live with your parents? (MM/YYYY) _____ / _____

Have your parents provided you will support in the last 12 months? (Support includes; cash, housing, food, gifts, medical insurance, loans, college costs, etc.) No Yes (If yes, list type of support received and amount)

Type of Support received

Amount

\$ _____

\$ _____

If you have any questions, please email Finaid@llu.edu or call (909) 558-4509

Loma Linda University

