

2016-2017 TCL Financial Aid Dependency Status Appeal Form



This form is to appeal your dependency status. Please submit the required information to the TCL Financial Aid Office for review. **Once reviewed, you will be notified via an email to your TCL student email account of the outcome.** Your dependency status will be reviewed if a **SEVERE and mitigating** situation exists in your family which makes it impossible for you to obtain your parents' financial information. Severe situations include physical or emotional abuse; abandonment; parental drug abuse, incarceration, or mental incapacity.

Please be aware the following do NOT merit a dependency status change, either alone or in combination. If an appeal is submitted for one of the following reasons it will be automatically denied:

- Parents refuse to contribute to the student's education.
- Student does not live with or receive any support from parents.
- Parents are unwilling to provide information on the FAFSA for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

If there are extenuating circumstances beyond those listed above, you may be eligible for a Dependency Status Change. In this case, the TCL Financial Aid Office requires detailed documentation to consider the request for change. The following documents are REQUIRED. Additional information may be requested.

1. Dependency Status Change Appeal form (this document).
2. A signed and detailed, legibly written or typed statement from the student explaining the circumstances that would qualify for a Dependency Status Change.
3. Supporting statements from **at least two professional adults who are NOT family members**, friends, or employers that can verify the family circumstances you have described in your personal statement. Professional adults include: guidance counselors, teachers, professors, clergy members, doctors, family counselors, mental health professionals and law enforcement officers. The supporting statements you submit must be the originals and must be signed by the person preparing the statement.
4. Student's 2015 tax return transcripts.

NOTE: Any other relevant information or documents that can verify your circumstance are encouraged.

READ CAREFULLY AND SIGN: I certify all the information provided in this appeal for Dependency Status Change, including the personal statement and supporting documents are true and accurate. I understand that if the provided information is proven false after a change has been granted, the decision can be reversed and any financial aid awarded due to the change will be taken back, resulting in a bill. It is also understood that this statement is being used to evaluate my financial need; therefore any false or misleading statement(s) will be turned over to the U.S. Department of Education Ombudsman's Office for investigation.

Name: _____ **Student ID/SSN:** _____

Signature: _____ **Date:** _____

STATEMENT OF NON-DISCRIMINATION The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regards to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief. Form Last Revised on 04-18-16. CRI: FAC16DSA Page 1 of 1.