

REQUEST FOR INDEPENDENT STATUS

(2024/2025) Academic Year

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	STUDENT ID)						LAS	NA	ME									F	IRS	T N	AME		_		M
	MAILING AD	DRE	SS										С	ITY							ST	ATE	Z	!IP	CO	DE
	(ARE CODE) TELEPHONE NO EMAIL ADDRESS																									
PURPOSE:																										
The purpose of this appeal is to prove independency for those students who do not meet the independent criteria set forth by the U.S. Department of Education on the 2024/2025 Free Application for Federal Student Aid (FAFSA).																										
GENERAL INFORMATION																										
The basic premise underlying student financial aid is that it is the responsibility of the student and his or her family to pay educational costs. However, students who have extreme or extenuating circumstances may be considered to have their status changed through an appeal process.																										
NOTE: Submission of the FAFSA is to determine what level of contribution should be expected from the family. For low income families, this contribution is often zero or minimal; a change in dependency may have little or no influence on the student's eligibility for financial aid.																										
The following are examples of extreme extenuating circumstances which may be considered for appeal. However these circumstances do not guarantee an approval to Independent status:																										
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DOCUMENTATION OF THE APPLICABLE CIRCUMSTANCES MUST ACCOMPANY THE APPEAL.																										
Th	e following a	are	exa	amı	oles	s of	i cir	cum	sta	nce	S	whic	h w	oul	d n	ot I	oe (con	sid	ere	ed fo	or an	ppea	al:		
→	You don't liv	e w	ith	you	r pa	ren	t(s):																			
 																										
 	Your parent(s) have not claimed you on their Federal income taxes;																									
 	Your parent(s) don't want to help pay for your education;																									
 	You have sufficient means to support yourself;																									
 	You received financial aid as an independent student in previous school years;																									
 	You are not	a re	fug	ee, k	but	you	ır pa	rent(s) li	ve iı	n a	anothe	r co	unt	ry;			-								
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 							•	to be	con	fus	ed	with \	WAF	RD (OF T	ГНЕ	СО	UR'	T).							
'	You were a ward of the state (not to be confused with WARD OF THE COURT).																									

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521 Trailblazer Dr Nanticoke, Pa 18634-3899

PH: 1-800-377-LCCC

FAX: 570-740-0347

EMAIL: fao@luzerne.edu

Required Documentation or Extenuating Circumstances:

Under extreme or extenuating circumstances the Financial Aid Office may review the dependent status for students. If you have extreme or extenuating circumstances, you **MUST** complete the following required documentation, failure to submit the documentation will result in a denial:

- Personal letter of explanation regarding how you came to support yourself and the time period you have done this.
 Describe the events in your family, which led to your current separation from them. If you are receiving support form friends or relatives, describe the nature of that support (monies received; housing; food; clothing; etc...) and who provides support. Provide any information, which you feel will help to outline your situation.
- Signed and dated letter from a professional (clergy, counselor, teacher, etc...) that can document your extreme or unusual circumstances. This letter should be on letterhead from the individual's employment along with contact information. A letter from a friend or family member is not acceptable.
- Copies of all applicable court, police or legal documentation pertaining to your circumstance.

Renewal of Dependency Override (ONLY for students who have previously been approved at LCCC):

If you received financial aid as an Independent student at LCCC based on an appeal submitted previously, you are required to resubmit an appeal each academic year. The circumstances under which you were granted independent status must be reaffirmed. Please check the appropriate box and provide required documentation.

	ne special circumstances under which I was granted Independent status in a prior year have not changed. ease provide any documentation that updates and/or reaffirms your situation.
ex	y circumstances have changed. Please attach documentation of changes along with a personal letter of planation. Attach any documentation which updates your status. You may be asked to provide additional cumentation.

Please allow at least 14 working days after an appeal is submitted before a decision is made.

Certification:

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in fine of up to \$20,000, being sent to prison, or both. I agree that the decision made by the Financial Aid office is final. I understand if I do not give proof when asked, this request will not be processed.

Student's Signature	Date	
FOR OFFICE USE ONLY:		