



Lander University Financial Aid Office

21DEPA

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Phone: (864) 388-8340 • Fax: (864) 388-8811

2020-2021 DEPENDENCY STATUS APPEAL

Student's Last name	First Name	MI	Lander ID (L#)
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The following information sets forth the requirements for filing a Dependency Status Appeal. Approval of this appeal will allow you to file your Free Application for Federal Student Aid (FAFSA) as an independent student. For a Dependency Status Appeal to be considered, submit complete documentation to the Financial Aid Office. An appeals committee will review the documentation and determine if the documentation is substantial to grant independent student status. **Since the documentation is reviewed by a committee of financial aid administrators, you should allow a minimum of ten business days for processing and review before you will receive written notification of the decision from the Financial Aid Office.** If approved, additional instructions for filing the FAFSA will be provided at that time. The decision of the committee is final; therefore, you should give careful consideration to the documentation you provide in support of your appeal. You may submit only one appeal during an academic year. **All documentation should be submitted when you submit this form. Incomplete appeals will not be considered.**

NOTE: In recent years, the U.S. Department of Education has identified four conditions that, individually or in combination with one another, do not merit a dependency override.

Those circumstances are:

1. Parents refusing to contribute to the student's education
2. Parents unwilling to provide information on the application
3. Parents not claiming the student as a dependent for income tax purposes
4. Student demonstrating total self-sufficiency

Because the Department of Education has issued such clear guidance on this issue, the Lander University Financial Aid Office will not approve appeals based solely on the reasons above.

All the following applicable documentation should be submitted at the same time for your appeal to be considered:

1. A signed letter from the student explaining the reason(s) for this appeal. Provide as much background information as possible.
2. A signed letter from your parents in which your parents explain why they feel they should not be expected to help finance your college expenses. (if not available, this should be explained in your personal statement.)
3. Legal documents, if applicable, that explain the circumstances of your dependency appeal.
4. At least two additional signed letters from individuals who can verify your independence. These letters should be from individuals who know your family situation, i.e., a high school counselor, psychologist, psychiatrist, doctor, or minister. These letters must state the individual's relationship to you, provide their contact information, the length of time the individual has known you and your family and **a detailed explanation of the conditions that they are aware of which supports your request for independent status.**
5. Any other applicable supporting documentation.

STUDENT RESOURCES

Student's Last name **First Name** **MI** **Lander ID (L#)**

Mailing Address **City** **State** **ZIP**

1. What was the total amount of support you received from your parents for the last two years (e.g., health insurance, room & food, car insurance): 2019 \$_____ Type of Support:
2018 \$_____ Type of Support:
2. What were your total earnings before taxes for the last two years?
2019 \$_____ Total earnings before taxes. 2018 \$_____ Total earnings before taxes.
3. What was the total amount of savings & checking available to you in the last two years? **Do not include financial aid funds reported in item #4 below.** 2019 \$_____ 2018 \$_____
4. What was the total amount of financial aid available to you in the last two years? 2019 \$_____ 2018 \$_____
5. Calculate your budget for the last two years. Enter 0 (zero) if no expenses were incurred.

Budget Item	2019	2018
Room/rent		
Food		
Utilities (Telephone, Electric, Gas, etc.)		
Tuition & Fees / Books/Supplies		
Insurance (car/medical)		
Medical expenses not covered by insurance		
Transportation		
Personal Expenses		
Clothing and Laundry		
Other		
Total expenses incurred:		

The information provided above is complete and accurate to the best of my knowledge.
(Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.)

Student's Signature (Required) **Phone #** **Date**

Financial Aid Office Use Only

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Review xxDEPA for all required docs. If not collected, note why.	
Initials/date		RNAOVxx Dependency =I if approved and FAFSA rec'd	
Fwd to Counselor date		Recalc Need and update ROAUSDF efc and trans #	
		If no FAFSA, code paper FAFSA and mail to student – hold until ISIR rec'd, then update RNAOV DEP OVR=I and re-calc	
		RRAAREQ – xxDEPA + add CORRP for correction	
		RHACOMM	
		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	