

2024-2025

Office of Financial Aid
**Dependency Appeal
Application**



Please fill in the spaces below:

Appeal for independent status:

The rules about whether you're seen as dependent or independent for Financial Aid are set by the US Congress and the Department of Education. Your answers to questions 42-54 on the FAFSA decide if you're considered dependent or independent.

Please refer to dependency questions 42-54 on the 2024-2025 FAFSA.

These questions show that the Department of Education thinks the main responsibility for paying for your education lies with you and your family. Unless you meet the official definition of being independent for Financial Aid, you need to include your parents' income and assets when figuring out if you qualify for Financial Aid.

**** Please note:** Parent means your birth mother and/or father, adoptive parents, or legal parents. Parent(s) does not mean foster parents or grandparents **

The unwillingness of your parent(s) to provide parental data on your Financial Aid Form or to financially support your education, or your unwillingness to seek financial assistance from your parent(s) is NOT an acceptable reason to appeal your dependency status. You must still provide parental data on your Financial Aid Application.

If you do not meet one of the conditions listed in the FAFSA, but still feel there are extenuating circumstances, which might warrant you being considered independent of your parents, for purposes of Financial Aid, you may explain those circumstances in an appeal.

Having sufficient resources to pay your own expenses is NOT considered an ex-tenuating circumstance for determining dependency status.

Instructions:

Follow steps 1 to 5 in the appeal process, then send the necessary information to the Financial Aid Office for review. This application is for dependent students, according to federal guidelines, who want to appeal their status and ask for a dependency override in specific situations. Just submitting this application with the right documents doesn't guarantee approval. The Financial Aid Director makes the final decision based on professional judgment. Students need to do this application and provide documents every academic year to be considered.

PLEASE NOTE: YOU MUST COMPILE AND ENCLOSE ALL REQUIRED PIECES OF DOCUMENTATION WITH THIS FORM. A DECISION WILL BE BASED ON THE DOCUMENTATION YOU SUBMIT. IF YOUR DOCUMENTATION IS INCOMPLETE, YOUR STATUS MAY BE DENIED.

University of Rio Grande/Rio Grande Community College

PO Box 500
Rio Grande, OH 45674-0500

Financial Aid Office:

Phone: 740-245-7218

Fax: 740-245-7102

Email: finaid@rio.edu



Visit: www.rio.edu for more information

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Please fill in the spaces below:

DEPENDENCY APPEAL APPLICATION

Student's Name: _____ Phone #: _____

Email Address: _____ Student ID#: _____

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Grande/Rio Grande
Community College**

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Rio Grande, OH 45674-0500

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1. I am requesting a dependency appeal for the following reason(s):

a. You **MUST** complete this (in letter form) on a separate piece of paper.

Note: Students may not appeal because his/her parents refuse to complete the FAFSA, refuse to provide required documentation, or a student refuses to request the information from the parents.

2. Third-party documentation:

a. Enclose three signed letters from third-party sources, at least one of which must be from a professional source, which support and clearly explain your appeal from their perspective. The letter should indicate relationship to the student and be signed and dated. Professional third-party sources would include counselors, physicians, lawyers, clergy, or persons in another professional capacity.

3. Documentation Required: (These items are required regardless of situation)

a. Enclose a copy of student's federal tax return and W-2's for 2022.

b. Enclose a copy of student's most recent pay stub.

c. Enclose proof of separate residence. (copies of rent receipts, house payments, utility and insurance receipts, and rental agreements will be accepted)

d. Indicate the date you (the student) last resided in the home of a parent. _____ (month/year)



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Please fill in the spaces below:

4. Please indicate source(s) and amount of student annual income for 2024:

- a. Wages, monetary gifts and interest income.

2024 Source(s): _____ 2024 Amount: _____

2024 Source(s): _____ 2024 Amount: _____

- b. List your expenses for 2024 and 2025 below. Record yearly totals.

2024

Housing \$ _____

Food \$ _____

Transportation \$ _____

Utilities \$ _____

Child/dependent care \$ _____

Personal \$ _____

5. Certification:

"I certify that all of the information provided on this application is true, accurate and complete. I understand that any false information presented on this application will subject me to disciplinary action as stated on the FAFSA and the University of Rio Grande Student Handbook, Section V."

Signature: _____

Date: _____

For Official Use Only

Approved
Denied

Authorized Signature _____

Date _____

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