



Financial Aid Office
One College Drive
Bentonville, AR 72712

Appeal to change dependency status

Student's Name _____ Student ID _____

Parent's have the primary responsibility to pay for their child's education. If there is an unintentional, involuntary or uncontrollable break in the relationship between student and parents, the Financial Aid Office may be able to consider the student independent for financial aid purposes.

If one of the following circumstances applies to you, please check the category and provide the required documentation.

_____ **Your custodial parent has died and the other natural parent is still living.** You have not had contact with nor received financial support from the living parent for the last 24 months. Documentation required:

- 1) Copy of the death certificate of the deceased parent
- 2) Documentation of the custodial relationship (court documents, divorce papers, etc.)
- 3) Three letters, on official letterhead, from objective third parties (social worker, counselor, minister, doctor, teacher or other professional) that supports your claim.

_____ **Your family situation is unreasonable.** The situation may be the result of physical, emotional, drug and/or alcohol abuse. Documentation required: 1) Three letters, on official letterhead, from objective third parties (social worker, counselor, minister, doctor, teacher or other professional) explaining the situation in detail 2) Police reports, court reports, or documentation from a social agency.

_____ **Other unusual circumstances.** Provide a detailed, written explanation of the unusual circumstances and documentation to support your appeal.

_____ I have entered my FAFSA and indicated that I have special circumstances.

_____ The FAFSA has been received into the Financial Aid Office and I have completed my financial aid file (including official transcripts, if applicable).

_____ I have attached a letter to this form written by myself.

_____ I have attached all appropriate documentation that will assist the Appeals Committee with evaluating my extenuating circumstances. Appeals will not be reviewed without the appropriate documentation.

_____ I understand that Appeals are reviewed on the odd numbered Thursdays of the month. (Except in cases of scheduling conflicts). I must turn in my appeal to the Financial Aid Office by Monday at 4:30pm of the week appeals are to be reviewed or I wait for the next scheduled review date. Appeals may be mailed, faxed or dropped off.

_____ I understand the Financial Aid Administrator's decision is final and notification will be sent to my NWACC e mail.

Student's Signature _____ Date _____