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# OSWEGO STATE UNIVERSITY OF NEW YORK

Financial Aid Office – 206 Culkin Hall – Oswego, NY 13126

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## 2022-2023 Appeal for Financial Aid as an Independent Student

(Please read this form carefully. Filing this form does not guarantee that your appeal will be approved.)

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Last Name	First Name	M.I.	Student ID #	
Street		City	State	Zip
Phone #	Preferred Email address			

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You are considered an **INDEPENDENT STUDENT** for Financial Aid purposes if you meet **one** of the following conditions at the time you complete and sign the 2022-23 Free Application for Federal Student Aid (FAFSA):

- You will be 24 years old by December 31, 2022. (Born **before** January 1, 1999)
- You are/were in foster care, a dependent or ward of the court, or both of your parents were deceased at any time since you turned age 13
- You are a veteran of the U.S. Armed Forces, or currently serving on active duty (for purposes other than training)
- You are a graduate student working on a post-baccalaureate degree
- You are married
- You have children, or legal dependents, other than a spouse, who meet the definition of a legal dependent found in the FAFSA instructions
- You are/were emancipated as a minor by a court\*
- You are/were in legal guardianship as determined by a court\*
- You are/were a homeless unaccompanied youth as determined by your high school liaison on or after July 1, 2021\*
- You are/were a homeless unaccompanied youth as determined by the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development after July 1, 2021\*
- You are/were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless as determined by the director of a runaway or homeless youth basic center or transitional living program after July 1, 2021\*

**\*Note:** If you meet one of the above conditions you do not need to complete this appeal, however, documentation must be sent to the Financial Aid Office. Please reference the “Confirmation of Independence” form.

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### To Appeal for Financial Aid as an Independent Student please submit the following information to the Financial Aid Office at SUNY Oswego:

- Your 22/23 FAFSA electronically using “instructions for students unable to provide parental information”
- This completed form (please fully complete all fields on the back of this form)
- Supporting statement and documentation per section B of this form
- 2020 federal tax return or 2020 W-2 per section C of this form

#### A. Reason for Appeal

Many students feel they are independent because they currently live on their own, because their parents refuse to provide information on the FAFSA, or because their parents cannot afford to help with college expenses. Unfortunately, **these reasons are not sufficient for an appeal.**

The Financial Aid Office is required to consider parent information and a parental contribution for students who are not independent according to the above FAFSA definitions, unless “**extenuating family circumstances exist**”. Extenuating circumstances are defined by a student’s inability to have contact with his or her parents. Appeals do not apply to NYS awards.

**Review the following reasons for appeal and check the box that describes your circumstance.** If none of these circumstances applies to your situation, do not complete this form.

1.  Severe circumstances within your family prevent you from obtaining your parents' financial information. Examples:
  - (a) an abusive home situation that is detrimental to your physical or mental well-being
  - (b) abandonment by both parents
  - (c) history of parental alcohol or drug abuse
  - (d) incarceration of the custodial parent and inability to obtain other parent's information
  - (e) other extenuating circumstances not described above
  
2.  Death of a parent after filing the FAFSA and the surviving parent meets one of the severe circumstances listed above.

**B. Personal Statement and Documentation**

**Attach a signed and dated personal statement that completely and explicitly explains the basis of your appeal.** Why do you see yourself as an independent student? Please note that your statement will be used only to determine if a dependency override should be made. The information you provide will be kept confidential.

**Attach at least two acceptable sources of documentation, which verify all the facts of your appeal.**

1. If you checked Reason #1 in section A, provide **TWO** signed statements from following acceptable sources:  
  
Adult professionals including clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department) and officers of the court. **Statements must be signed originals on agency letterhead with the professional's title listed (Counselor, Rabbi, etc.).**
  
2. If you checked Reason #2, provide **one** signed statement from an acceptable source (examples above) **and** a copy of your parent's death certificate or newspaper obituary.

**C. Income Information**

- Did you work in 2020?  Yes  No  
\*If yes, attach a copy of your 2020 W-2 to this form
- Did you file a 2020 federal tax return (1040)?  Yes  No  
\*If yes, attach a copy of your 2020 federal tax return to this form.

**D. Additional Information**

1. When did you last live with your parent(s)? \_\_\_\_\_ (Month/Year)
2. Parent(s) address  
Father \_\_\_\_\_  
Mother (if different) \_\_\_\_\_  
\*Please list unknown if you do not know your parent(s) address.
  
3. When did you last receive financial support from your parent(s)? \_\_\_\_\_ (Month/Year)
  
4. Are you included as a dependent on your parent's medical plan?  Yes  No
  
5. When did you graduate from high school? \_\_\_\_\_ (Month/Year)

**E. Student Certification (Read carefully before you sign)**

**I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal aid will be jeopardized.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INDPET