



2018-2019 Petition for Dependency Status Review

Section 1 – Student Information

Last Name: _____ First Name: _____
Social Security Number: _____ Student ID Number: _____
Permanent Address
Street & Number: _____ City/State/Zip: _____
Date of Birth: _____
Local Phone Number (Include Area Code): _____
Permanent Phone Number (Include Area Code): _____
Email Address: _____

Section 2 – Petition

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs of the students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using both you and your parent(s)' income and asset information and you are required by law to provide parental information and signatures. The unwillingness of your parent(s) to provide parental data or your unwillingness to seek financial assistance from your parent(s) is not an acceptable reason to appeal your dependency status. Similarly, your living situation (whether you live with your parent(s) or not) or tax filing status does not affect the dependency status.

Occasionally, students can be considered independent due to unusual circumstances (for example, students who have been separated from their families due to an unsafe environment). If you can document that you should be considered an independent student, you may petition for a waiver of federal regulations requiring parental information.

Explain the unusual circumstances that you think make you an independent student.

Identify the location of both of your parents:

Mother: _____

Father: _____

Describe the last time you had contact with each of your parents – when, where and the nature of contact.

Describe how you have been self-supporting – how have you provided for yourself?

Provide statements from two responsible adults who are aware of your situation. Statements from teachers, guidance counselors, members of the clergy are acceptable. Statements from family members are not acceptable. These statements must include as much detail (dates, circumstances) as possible. Copies of appropriate court documents are also acceptable.

Certification:

By signing this worksheet, I certify all the information reported is complete and correct to the best of my knowledge. I understand that if I purposely provide false or misleading information on this document, I am liable for the cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Return completed form and any other pertinent documents to:

Felician University
Office of Student Financial Services
262 South Main Street
Lodi, NJ 07644
Fax: 201-559-6025