

### 2026-2027 Dependent Student Appeal Form

In unusual circumstances, a student who does not meet any of the criteria on the FAFSA to be considered independent from their parents may still be considered independent based on the financial aid administrator's professional judgment. You may use this form to request a review of extenuating circumstances regarding dependent status. It is important that you complete all portions of this appeal form and must provide all requested documentation. A 2026-2027 FAFSA must be on file to be considered for a dependent student appeal. Dependent aged students are those born on or after January 1, 2003, for the current academic year.

**The following examples alone will not make a student independent but combined with other factors may:**

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information for the FAFSA or for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

**Circumstances that may warrant a dependency override appeal may include but are not limited to:**

- Abandonment or estrangement by parents or inability to locate parents
- Physical or emotional abuse by parents
- Victim of human trafficking
- Parental incarceration and contact with parent would pose a risk to the student
- Parental hospitalization for extended time or mental incapacitation
- Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country

## 2026-2027 Dependent Student Appeal Form

Name \_\_\_\_\_

Student ID#: A \_\_\_\_\_

**Step 1:** Indicate if this is a new or renewal request. Please check one.

- ☐ **NEW REQUEST FOR INDEPENDENT STATUS CHECKLIST:** If this is your first time requesting a Dependency Appeal, please submit the following documents.
- Submit a typed letter of explanation detailing the special circumstances that make you independent from your parent(s). You must describe your current relationship (even if you do not have a relationship) with your parent(s). Address the following in your explanation:
    - The nature of your relationship with your parent(s)
    - Provide the date and place of your last contact with your parent(s)
    - How you have been supporting yourself
  - Submit letters from two (2) individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.
    - The first letter should be from a **professional individual** not related to the student (i.e. counselor, social worker, teacher, clergy, police, etc.). Please submit on professional letterhead.
    - The second letter should be from either a **professional or non-professional individual** who is very familiar with your situation.
    - Each letter must include the individual's name, title or position, address, phone number, and must be signed.
    - The individuals cannot be related to each other and must reside at separate addresses.
  - Attach a copy of your 2024 tax return transcript, list of income earned for 2024 and W-2 form(s) or other earning statement(s) if available. If you did not file a 2024 tax return, submit a statement of Non-filing from the IRS. You can print a transcript from the IRS online at [www.irs.gov](http://www.irs.gov) or by calling the IRS automated line at (800)908-9946.

- ☐ **RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST:** A dependency override is granted annually. If you were granted a dependency override in 2025-2026, please reapply by submitting the following documents.
- Submit an *updated* typed letter of explanation detailing the special circumstances that make you independent from your parent(s). Address the following in your explanation:
    - The nature of your relationship with your parent(s)
    - Provide the date and place of your last contact with your parent(s)
    - How you have been supporting yourself
  - Attach a copy of your 2024 tax return transcript, list of income earned for 2024 and W-2 form(s) or other earning statement(s) if available. If you did not file a 2024 tax return, submit a statement of Non-filing from the IRS. You can print a transcript from the IRS online at [www.irs.gov](http://www.irs.gov) or by calling the IRS automated line at (800)908-9946.

**Step 2:** Complete the tables below.

### Living Arrangements and Financial Support

|    |                                                                                  |                                               |                                     |
|----|----------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| 1. | Where did you live in 2025?                                                      | <input type="checkbox"/> At Home with Parents | <input type="checkbox"/> Off Campus |
| 2. | Where will you live in 2026?                                                     | <input type="checkbox"/> At Home with Parents | <input type="checkbox"/> Off Campus |
| 3. | Did your parents claim you as an exemption on their federal tax return for 2024? | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |
| 4. | Will your parents claim you as an exemption on their federal tax return in 2024? | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |
| 5. | Did your parents provide your health insurance in 2025?                          | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |
| 6. | Will your parents provide your health insurance in 2026?                         | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |
| 7. | Did your parents provide your auto insurance in 2025?                            | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |
| 8. | Will your parents provide your auto insurance in 2026?                           | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No         |

Barnes-Jewish College  
Goldfarb School of Nursing  
 HealthCare

| Student Budgets and Assets—Round to the nearest dollar. Do not leave any blank. |                |                                                         |
|---------------------------------------------------------------------------------|----------------|---------------------------------------------------------|
| 2026 Student Income Resources                                                   | Monthly Amount | Source (i.e. work, parents, etc. N/A if not applicable) |
| Income from work                                                                | \$             |                                                         |
| Unemployment Compensation                                                       | \$             |                                                         |
| Social Security Benefits                                                        | \$             |                                                         |
| Housing Assistance                                                              | \$             |                                                         |
| Food Stamps                                                                     | \$             |                                                         |
| Other Income (i.e. monetary gifts)                                              | \$             |                                                         |
| Total:                                                                          | \$             |                                                         |

| Step 3: Certification Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Your signature on this document confirms your acknowledgement of the following:</i></p> <ul style="list-style-type: none"> <li>• The information submitted for review is true and correct to the best of your knowledge.</li> <li>• If you purposely give false or misleading information, you may be fined, sentenced to jail or both.</li> <li>• I have read each section of this form and have provided the documentation required to evaluate my appeal.</li> <li>• I understand that more documentation may be required upon request.</li> <li>• I understand that completion of this form is only a request for independent status and does not guarantee approval of my appeal.</li> </ul> |

Student Signature
Date
Phone Number

For Office Use Only: Outcome of Dependency Appeal

Appeal Approved:
Date
Appeal Denied:
Date

Reason appeal denied:

Processed By:
Date