



Dependency Status Appeal

2023-2024

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			XXX-XX-	

YOU ARE REQUIRED TO FILE A 2023-2024 FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID) BEFORE SUBMITTING THIS FORM TO STUDENT FINANCIAL AID. PLEASE COMPLETE THE FAFSA AT WWW.FAFSA.GOV.

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

Federal regulations state the family has the primary responsibility for meeting the educational costs of students. Dependent students are required by law to provide parental information and signature(s) to be considered for financial aid. Federal regulations also provide an appeal process for dependent students with extenuating circumstances. Dependency overrides are reviewed on a case-by-case and year-by-year basis. Allow 3-4 weeks for processing.

The following are examples of some unusual circumstances:	Federal regulations stipulate the following conditions DO NOT qualify as circumstances meriting a dependency override:
<ul style="list-style-type: none"> ➤ Your parents are incarcerated; or ➤ Your parents are deceased; or ➤ You left home due to an abusive family environment; or ➤ You have circumstances which have resulted in family estrangement; or ➤ You do not know where your parents are and are unable to contact them (and you have not been adopted) 	<ul style="list-style-type: none"> ➤ Parents refusing to contribute to your education ➤ Parents unwilling to provide information of the FAFSA or documents for verification ➤ Parents unwilling to provide information of the FAFSA or documents for verification ➤ Parents not claiming you as a dependent for income tax ➤ Student demonstrating total self-sufficiency

Provide the following documents to support your appeal:

1.	Provide a statement, or use the space provided on page 2, that describes your situation and why you believe you should be an independent student. Please describe your situation in detail with applicable dates. Include the location of both your parents and describe the last contact you had with them. Describe how you have been self-supporting.
2.	Provide two written letters from two responsible adults who can verify your situation. Letters can be from "officials" or community leaders (e.g. clergy, counselors, social workers, lawyers, law enforcement etc.). Letters should include their name, address, job title, relationship to you, and how they are aware of your situation. Letters or statements must be signed and written on agency/business letterhead or be notarized.
3.	Provide supporting documentation to verify your situation. Documents may include but are not limited to: Documentation confirming that a parent is deceased, institutionalized, or incarcerated. Court orders or documents confirming that there is a protection/restraining order that prohibits you from having contact with your parent(s).
4.	Complete the 2023-2024 Verification Form http://www.cei.edu/financial-aid/forms-links . Provide a copy of 2021 IRS Tax return Transcript or 2021 W-2's, if applicable. Tax transcripts can be obtained only from the IRS at http://www.irs.gov/Individuals/Get-Transcript

Student Certification

I certify that all statements in this appeal and all verification documents submitted are true and accurate. I understand that I must provide verification of statements I have made. I agree to the terms of the appeal process and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be returned as incomplete.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ Date: _____

Financial Aid Office Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Not eligible	Date Received:
CPS Correction <input type="checkbox"/> Date:	Old EFC:	New EFC:	Awarded <input type="checkbox"/> Date:	Email notification <input type="checkbox"/>
Corrections CPS:	Processed By:		Date:	
Comments:				

