



**WALLACE COMMUNITY COLLEGE
DEPENDENCY STATUS APPEAL FORM**

Student Name _____ **SN#** _____

The federal government expects you and your family to bear primary responsibility for financing your education. However, the federal government recognizes exceptions to this rule. Students may appeal based on a severe situation that exists. Only severe situations will be approved. Please note that parental unwillingness or inability to contribute is not considered a severe situation.

If you feel your situation warrants an appeal, please carefully read all the instructions and complete all sections of this form along with the required documents. The response time of your appeal decision will be contingent upon your cooperation with requests for additional documentation (if necessary). Typically, you will receive an update in your OneACCS MyWCC student portal IN 2-3 weeks.

Documentation Required:

1. Personal Statement: On a separate sheet of paper, tell us in your words why you should be considered an independent student. Be complete and specific. Explain the circumstances leading to your independence from your family, and if you are receiving support from friends or relatives, you must describe the nature and amount of the support and how you came to receive it. Be assured that all information you provide will be held in strict confidence.
2. Provide statements from at least TWO third-party references who are not family members who verify the severe family circumstances you described in your personal statement. Third-party references include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers.

Supporting Documentation Examples (must provide some form of supporting documentation):

3. Signed copies of your and your parent's 2020 Federal Tax return for the 12-month period you are appealing. If you have not yet filed or will not file, please provide copies of your W-2 forms from all jobs and an estimated adjusted gross income.
4. Copies of your pay stubs from the past three months for all jobs which you currently hold. Be sure to indicate the pay period for each (one week, two weeks, one month, etc.). If you are not working, please include in your personal statement an explanation of how you are supporting yourself. Please include who is providing support and how much they are providing.
5. A copy of your lease, property title, or other written housing agreement. If you do not have a written housing agreement, you must provide a notarized affidavit from your landlord naming the property that you live in and the amount you pay for rent.
6. Copies of your car's registration and proof of auto insurance.
7. Proof of health insurance.

DEPENDENCY APPEAL WORKSHEET

Please describe here what your average monthly expenses are and how they are covered. The types of expenses are listed in the first column. In the second column, fill in the amount that is paid monthly for each expense category. In the third column, give the name of the person who pays the expense or provides the item for you and their relationship to you. If you pay the cost, enter "self" in the third column. If your entries require clarification, please attach a separate sheet of paper with the information.

TYPE OF EXPENSE	WHAT it costs per month	Who pays it or provides it
1. Housing		
2. Utilities (average per month) (___ Electric ___ gas ___ telephone ___ cable)		
3. Food		
4. Clothing		
5. Tuition, books, and supplies		
6. Transportation What type? (Car, bus, bike, car insurance, etc.)		
7. Other (Indicate Source) _____		

You must describe here what your average monthly income is and from what source you receive it.

TYPE OF INCOME	AMOUNT per month	Source
1. Work		
2. Cash (Allowances) from outside resources (parents, family, friends, etc.)		
3. Other: What type?		

Semester and year you first attended college: _____ Year of high school graduation: _____

Do you drive a car? YES/NO Do you have health insurance? YES/NO

Where do you live during holidays and summer break? _____

I hereby certify that all information contained in this application for independent status, including the personal statement and documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, my eligibility for financial aid may be terminated.

Signature _____ **Date** _____

WCC affords equal opportunity to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. WCC will make reasonable accommodations for persons with disabilities.

OFFICE USE ONLY

APPROVED

DENIED

Comments: _____

Date _____ FAO Signature _____