PETITION FOR INDEPENDENCY

2025-2026

**General Guidelines**

In determining your eligibility for Federal and State Financial Aid, your parent's financial resources do not have to be included in determining your need if you meet any one of the following criteria: (1) you are 24 years old, born before January 1, 2001; (2) you are a veteran of the U.S. Armed Forces; (3) you are an orphan or ward of the court; (4) you have legal dependents other than a spouse; (5) you are married; or (6) you are a graduate or professional student.

If you do not fit any of the above criteria and can document that you have no relationship with your “parents" and you have sufficient resources to financially support yourself, then you can proceed with completing this form. Please note that PETITIONS FOR INDEPENDENT STATUS MUST BE UNIQUE and based on unusual extenuating circumstances, NOT SOLEY INDEPENDENT LIVING OUTSIDE OF THE PARENT'S HOME. All petitions MUST be accompanied with proper documentation. Petitions without documentation will be returned to petitioners with no action taken.

**Before You Begin**

This form should be submitted with either:

(1) A competed Free Application for Federal Student Aid (FAFSA) Form or,

(2) A 2025-2026 Student Aid Report (SAR), if you have already completed an application for aid form and have received the results.

**Student Status**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Have you ever been previously classified as an independent student when qualifying for Federal or State Financial Aid?

\_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_Yes If yes, please indicate where and when:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College Academic Year

**Income Information**

Please provide a detailed listing of amount and sources of income for 2023. Please note that all figures must be documented:

Source of Income Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Income for 2023 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extenuating Circumstances**

**Please attach a letter explaining your extenuating circumstances.** All students must attach a brief narrative explaining their lack of parental support and what their current relationship is with their "parents". You must be specific with dates and locations when referring to events that have transpired. **Two letters verifying your extenuating circumstances must accompany this form**. These letters can be from individuals such as school counselors, members of the clergy, relatives, employers, and adult friends.

**Student Certification and Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

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Financial Aid Office Use Only

\_\_\_\_\_Approved \_\_\_\_\_Denied

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Financial Aid Director Date