

2025-2026 Independent Appeal Form

	Submit securely ksu.edu/sfa/uploa		Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107
Stu	dent's Name (Last, First, MI)		Wildcat Identification Number
Student's K-State Email Address			Student's Phone Number
Stu	dent's Local Address		Student's High School Graduation Date
City	y State ZIP 0	Code	Student's Last Date Living with Parent(s)
of of fan	e Office of Student Financial Assistance at Kansas Statedependency status in unusual circumstances, typically nily. Through the use of this appeal form, a financial a e following circumstances do not constitute allow . Your parent(s) will not provide information on your F Your parent(s) refuse(s) to financially contribute to you are not claimed as a dependent by your parent(s) You do not live with your parent(s).	when a stud id administrat able reasons AFSA; or our higher edu	ent has experienced severe conflict within their tor will determine if an override may be granted. to grant independent status to you: ucational expenses; or
Ple	ease submit the following required document	s.	
	Complete and submit the Free Application for Federal Student Aid (FAFSA) at https://studentaid.gov		
	If you have already submitted the FAFSA, please	provide the	date the FAFSA was submitted:
	 Submit a signed and dated letter explaining why you are requesting a change in dependency status. Describe, in detail, your relationship with each parent and provide supporting evidence for your case. Explain, in your letter, how you financially support yourself. 		
	Submit signed and dated letters from two separate independent third party individuals explaining, in detail, their knowledge of your situation. State the relationship of each independent third party individual to you. Each letter must be submitted on professional letterhead and/or must contain a notarized signature.		
	Other supporting documents: Please write your name and Wildcat Identifica Note: Additional documentation may be reque		r on each supporting document.
	ertification Statement signing this form, I certify that all of the information r	eported is cor	mplete and accurate.
Sia	nature of Student (required) Date	<u> </u>	