

		Submit securely online: ksu.edu/sfa/upload	Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107
Student's Name (Last, First, MI)			Wildcat Identification Number
Student's K-State Email Address			Student's Phone Number
Student's Local Address			Student's High School Graduation Date
City	State	ZIP Code	Student's Last Date Living with Parent(s)

The Office of Student Financial Assistance at Kansas State University has the authority to override the federal definition of dependency status in unusual circumstances, typically when a student has experienced severe conflict within their family. Through the use of this appeal form, a financial aid administrator will determine if an override may be granted.

The following circumstances do not constitute allowable reasons to grant independent status to you:

- Your parent(s) will not provide information on your FAFSA; or
- Your parent(s) refuse(s) to financially contribute to your higher educational expenses; or
- You are not claimed as a dependent by your parent(s) on income tax returns; or
- You do not live with your parent(s).

Please submit the following required documents.

- □ Complete and submit the Free Application for Federal Student Aid (FAFSA) at <u>https://studentaid.gov</u>
 - 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 Identification Number on each supporting document. Note: Additional documentation may be requested.

Certification Statement

By signing this form, I certify that all of the information reported is complete and accurate.

Date