

**BUCKS COUNTY COMMUNITY COLLEGE
2017-2018
DEPENDENCY STATUS APPEAL FORM**

Submission Deadlines
Fall 2017: December 1, 2017
Spring 2018: May 1, 2018

Student Name: _____

SS#/Student #: _____

Completion of this form does not automatically mean that your dependency status will change from dependent to independent. It is up to the Financial Aid Officer's professional judgment to determine whether or not a student will be granted independent status. Be sure to complete this form in its entirety. By signing this form, you are certifying that all information provided on this form is true and correct. You will be notified by the Financial Aid Office of our decision. Return this form and supporting documents to:

**BCCC, Financial Aid Office
275 Swamp Road
Newtown, PA 18940**

1. Explain in detail, the reason for your appeal. Include a history of all pertinent facts, with regard to your living arrangements, financial situation, and employment conditions. Please be specific about all important facts and include dates when situations occurred. You may attach an additional sheet of paper if necessary.

Signature of Student: _____

Date: _____

2. Explain, in detail, the expenses you incurred during the **2016** calendar year. List the type of expense (i.e., room/board, utilities, transportation etc.) and the **yearly amount** you paid on your own. Do not give us monthly amounts. You may attach an additional sheet of paper if necessary.

Expense

Yearly Amount for 2016

Signature of Student: _____

Date: _____

- Please attach a signed copy of your **2015** and **2016** FEDERAL IRS TAX TRANSCRIPTS. If you did not file, please check the appropriate box and explain why you did not file.
- ☐ I did not file a 2015 federal tax return.
Explain reason: _____
- ☐ I did not file a 2016 federal tax return.
Explain reason: _____

3. Provide your yearly income and resources for 2015 and 2016:

- **Earnings** (wages, salaries, tips, interest income, dividend income and other taxable income like alimony, business/farm income, etc.):

Type of earnings	Source of earnings	2015 amounts	2016 amounts

- **Benefits** (such as veteran's benefits, social security, welfare, unemployment and any student financial aid received). You may also include money and/or personal loans you received from friends or relatives:

Type of earnings	Source of earnings	2015 amounts	2016 amounts

- **Non-Cash Support** (include the cash value of housing, food, and other living allowances paid on your behalf):

Type of earnings	Source of earnings	2015 amounts	2016 amounts

- **Savings and other Assets** (include savings accounts, trust funds, certificates of deposit, money market funds, stocks, bonds, and other securities):

Type of earnings	Source of earnings	2015 amounts	2016 amounts

Failure to submit form and documentation by required deadlines will result in failure to process application.

Signature of Student: _____

Date: _____

4. Obtain a supporting letter from a third-party professional, **on their letterhead**, (i.e., case-worker, counselor, clergyman, psychologist, etc.) familiar with your situation. This letter should explain, in detail, the third-party professional's relationship to the student, and provide a statement supporting the student's claim to be independent of parental support. Please attach this letter to this form.

FOR FINANCIAL AID OFFICE USE ONLY

_____Granted

_____Denied

Reason for Denial: _____

FAA Signature: _____

Date: _____

Notification letter sent to student: _____