2020-2021
Independent Appeal Form

Student Name: __________________________
ID# __________________________

Please read all instructions carefully!

Marymount, in keeping with the Federal Government’s established need analysis process, has an awarding procedure to ensure the equitable and consistent consideration of each financial aid applicant’s family financial situation. In order to determine your dependency status, we need additional information regarding your living expenses and your sources of support.

Tax filing status does not indicate independence for financial aid purposes. According to federal definition, parents and students have the primary responsibility for funding the student’s education-financial aid is considered a supplement. Circumstances that may document independence are abandonment or estrangement from parents, parents whose whereabouts are unknown, or court or social services intervention in the family.

This form will act as your proof of independent financial status. Please answer completely all items below. If a value is zero, place a zero in the space provided. Be sure to review the ‘Other Requested Items’ section on the back of this form, sign and date the certification statement, and return this form to the Financial Aid Office.

Note: the term parent(s) refers to parent(s) or step-parent(s).

Important -
Incomplete forms and forms submitted without requested documentation will not be considered. Appeals are handled on a case-by-case basis by the Financial Aid Appeal Committee. You will be notified in writing of the Committee’s decision. All Committee decisions are final.

QUESTIONS:
1. Did you live with your parents during 2019? ________
   Indicate the number of weeks: _______
2. Did you live with them during 2019? ________
   Indicate the number of weeks: _______

If you did NOT live with your parents, indicate the last month/year you did live with them.

_______

What was the last year you were claimed on your parents’ tax return? ________

2. What is the amount of cash financial support you receive from your parents per year? $ __________

3. What other support do you receive from your parents? Identify the type and provide the “cash value” of this support.

Type Value (per month)

Room & Board $ ________
Health/Auto Insurance $ ________
Other (please list) $ ________

4. What support do you receive from someone other than your parents? Identify the type and provide the “cash value” of this support. Relationship of person providing support:

____________________________________

Type Value (per month)

Room & Board $ ________
Health/Auto Insurance $ ________
Other (please list) $ ________

5. Please indicate the amount and the source(s) of your annual income for 2019 (i.e. wages, monetary gifts from other than your parents, interest income, etc.). Note: include public assistance payments such as TANF, food stamps, rent subsidies, welfare, unemployment, etc.

Source Income (per month)

Cash gifts from: ________ $ ________
Wages from employment $ ________
TANF/Welfare/Unemployment $ ________
Rent subsidies/Food stamps $ ________
Other (please list) ________ $ ________

OVER PLEASE -->
6. What financial aid resources have you used for living expenses? (If none, indicate zero on the amount line.)

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>Amt. used to live/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships/grants</td>
<td>$__________</td>
</tr>
<tr>
<td>Financial aid loans</td>
<td>$__________</td>
</tr>
<tr>
<td>Financial aid employment</td>
<td>$__________</td>
</tr>
</tbody>
</table>

7. Have you borrowed any money to live on in the last two years? __________

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of loan</th>
<th>Amt. borrowed</th>
<th>Amt. still owed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How are you making payments on the above loans?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If no payments on the above loans, check here ______

8. Complete the following statement of your monthly expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$__________</td>
</tr>
<tr>
<td>Food</td>
<td>$__________</td>
</tr>
<tr>
<td>Car (payments, gas, insurance, maintenance, bus fare)</td>
<td>$__________</td>
</tr>
<tr>
<td>Child care</td>
<td>$__________</td>
</tr>
<tr>
<td>Personal (clothing or entertainment)</td>
<td>$__________</td>
</tr>
<tr>
<td>Medical Expenses (not reimbursed)</td>
<td>$__________</td>
</tr>
<tr>
<td>Other (please list)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

9. Do you have roommates? ______

    How many do you have? ______

10. If you have not lived at your current address for the last two years, give prior addresses and periods of residence.

    Address
    _______________________________________________________________________
    From ____/____ to _____/____
    Address
    _______________________________________________________________________
    From ____/____ to _____/____
    Address
    _______________________________________________________________________
    From ____/____ to _____/____

**Other Required Items:** (Submit all 3 items below with this form)

**Supporting Statement.** Obtain a minimum of one supporting statement written by an adult, extended family member, human service agency personnel member, clergy member, etc. who is familiar with your situation. This person should present only the facts and details considered necessary to document this request for self-supporting status. This statement should be on an agency letterhead whenever possible. This should NOT take the form of a personal recommendation.

**Lease Agreement.** Submit a signed copy of your lease agreement or other signed document on appropriate letterhead when possible. This document should verify the amount you pay per month in rent.

**Student Statement.** Submit a signed personal statement detailing any unusual circumstances that support your appeal for independent student status. State specific reasons why you feel you are independent such as abandonment/estrangement from parents, parents’ whereabouts unknown, etc. All information will be held strictly confidential. We need to have complete information in order to assist you.

I agree all information provided by me or any other on this form and the supporting documents is true and complete to the best of my knowledge.

Signature ___________________________ Date __________

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