



Office Use Only

Office of Financial Aid
2022-2023 Dependency Appeal Request
(renewal)

Student Name: _____
SSN (last four digits): ____ Phone Number: _____

This form is for use by returning Notre Dame students who had a dependency appeal granted the previous year.

The federal government defines specific criteria students must meet in order to be considered “independent” for financial aid purposes. If you do not meet these criteria, you may request the school’s financial aid office reevaluate your dependency status. A dependency appeal is the process the school uses to review your situation and determine if you are eligible to be considered independent. This can only be done in **unique** circumstances. **NOTE:** Parental unwillingness or inability to contribute is not considered a unique circumstance, nor is living on your own and paying for your own expenses.

Unique circumstances, such as being estranged from your parent(s) due to extreme conditions (e.g. child abuse, abandonment, alcoholism, or drug abuse, etc.), which can be documented by an objective third party (e.g. pastor, high school or college professor, a social service agency official, etc.) may qualify for this special treatment.

FAFSA

Complete and submit the 2022-2023 Free Application for Federal Student Aid (FAFSA) on-line at www.fafsa.gov to the best of your ability. If you file taxes, retrieve your 2020 tax information for the FAFSA via the IRS Data Retrieval process. Remember to include Notre Dame’s code (002065) so that the information may be released to our office.

PERSONAL STATEMENT

Write and attach a clear and concise one page explanation of your current circumstance. Include an update of your familial situation discussing what has occurred over the last year in the following areas:

- Your relationship with your biological and/or legally adoptive parents (include when you last spoke with your parents.)
- Specific dates of events cited in your statement.
- Where you have lived (dates and addresses).
- How you have supported yourself while living apart from your parents.
- Include if you have auto and/or health insurance and who pays for them (include a copy of your insurance card).

Certification:

By signing this form, I certify that the information provided to support this appeal is true and correct to the best of my knowledge. I understand that failure to provide requested documents will result in a denial. I also understand that completing this appeal does not guarantee an override in my dependency status.

Student Signature

Date