

## 2019-2020 Petition for Independent Status

The Financial Aid Office at Shawnee State University is required to consider parent information when determining financial aid eligibility for students who are not independent according to the FAFSA. Exceptions to this requirement are made only when adequate documentation of extenuating circumstances exists. Extenuating circumstances generally are defined by a student's inability to have contact with their parents.

Your FAFSA and all verification documents must be submitted prior to filing a Petition for Independent Status.

| c               | C. I. UD    |   |
|-----------------|-------------|---|
| Student Name: _ | Student ID: | _ |
|                 |             |   |
|                 |             |   |

Students may file for independent status for the following reasons. Please check the one that applies to you and provide the necessary documentation.

| Circumstance   | Documentation from You   | Documentation from Outside<br>Source   |
|--|--|--|
| ☐ Abusive home situation which is detrimental to your physical and/or mental well being                                | Written statement from you detailing your situation. You may include police or court report.         | Two written statements from outside sources such as teacher, counselor, doctor, or other professional supporting your situation. |
| ☐ Abandonment by both parents  | Written statement from you detailing your situation. You may include police or court report.         | Two written statements from outside sources such as teacher, counselor, doctor, or other professional supporting your situation. |
| ☐ History of parental alcohol or drug abuse  | Written statement from you detailing your situation. You may include police or court report.         | Two written statements from outside sources such as teacher, counselor, doctor, or other professional supporting your situation. |
| ☐ Death of parent after filing the FAFSA and surviving parent meets one of the conditions above.                       | Written statement from you detailing your situation and a copy of the death certificate or obituary. | Two written statements from outside sources such as teacher, counselor, doctor, or other professional supporting your situation. |
| ☐ You have extenuating circumstances not already described above which prevents any and all contact with your parents. | Written statement from you detailing your situation.   | Two written statements from outside sources such as teacher, counselor, doctor, or other professional supporting your situation. |
| ☐ You married after filing the FAFSA.  | Copy of your marriage license and spouse's 2017 tax transcript and W2s.                              |  |

## Appeals WILL NOT be considered for the following reasons:

- You live on your own without parental financial support.
- Your parents do not contribute or cannot afford to contribute to your college expenses.
- Your parents refuse to provide information for the FAFSA.
- Your parents no longer claim you on their income taxes.

## **Student Income and Expense Information**

Complete the following statement of income and expenses. All blanks must be filled – put a "0" if your answer is zero. *Provide proof of all income*.

| Student Income                                      | 2018 | 2019 |
|---|------|------|
| Income (wages, salaries, tips, work study, etc.)    | \$   | \$   |
|   |      |      |
| Social Security                                     | \$   | \$   |
| Unemployment Compensation                           | \$   | \$   |
| 5   |      |      |
| Financial Support Received from Parents             | \$   | \$   |
| Monetary Value of Any Other Support Received        | \$   | \$   |
| Amount of Other Annual Income –                     | \$   | \$   |
| Source:   |      |      |
| Other Income (i.e. Government assistance) – Source: | \$   | \$   |
| Other Untaxed Income –                              | \$   | \$   |
| Source:   |      | ·    |
| Total Student Income                                | \$   | \$   |
| Student Expenses                                    | 2018 | 2019 |
| Housing   | \$   | \$   |
|   |      | 4    |
| Food  | \$   | \$   |
| Car Payments  | \$   | \$   |
| Car Maintenance (gas, repairs, insurance)           | \$   | \$   |
|   |      |      |
| Utilities   | \$   | \$   |
| Cell Phone  | \$   | \$   |
| Child Care and/or Dependent Care                    |      |      |
| Cilia Care alia/or Dependent Care                   | \$   | \$   |
| Personal (clothing, entertainment, etc.)            | \$   | \$   |
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|   | •    |      |

## Certification

By signing this form, I certify that all the information reported is complete and accurate. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

| Student's Signature: | Date: |
|----------------------|-------|

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