

**2024-2025
DEPENDENCY APPEAL**

Questions about how to complete this form?
 Call 217-786-2237 or 800-727-4161.
 Text 217-920-1096.
www.llcc.edu/financial-aid

Return completed form to:
 LLCC Financial Aid
 5250 Shepherd Road
 Springfield, IL 62703
financial.aid@llcc.edu
Electronic forms only accepted from LLCC email addresses.
 217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)		SSN OR STUDENT ID	DATE OF BIRTH
ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)			

Criteria

This form allows you to request special consideration of your dependency status for financial aid purposes for 2024-2025. Although you do not meet the requirements to be considered an independent student, you believe your particular family circumstances warrant further evaluation. Please note that the following situations, individually or in combination with one another, do NOT qualify as "unusual circumstances:"

- 1. Parents refusing to contribute financially to your education, parents unwillingness to provide application information or parents not claiming you on their tax return, OR**
- 2. A claim that you are totally self-sufficient.**

Instructions

Please provide LLCC Financial Aid with the following items so that we may initiate a review of your dependency status:

Complete this form and sign it.

On a separate sheet of paper, provide a signed explanation as to why you believe you should be considered independent. Your explanation should include information regarding your relationship with your parents since a minimum age of 16 and why you cannot seek parental assistance for your educational expenses.

Provide appropriate documentation such as police reports, court records or DCFS documents.

If filing a tax return, submit signed copies of your 2022 federal tax transcript and state tax return.

On the back of this form, give the contact information of two witnesses who are familiar with your family circumstances. The witnesses must be a teacher, minister, lawyer, physician, counselor or other professional person who is willing to verify your circumstances upon request.

Provide a letter from each witness as explained on the back of this form in section two.

What is the most recent date you received support from or lived with your parents? _____

Did or will your parent(s) claim you as a tax exemption in 2022 OR 2023? Yes No

Were you, or will you be, claimed as a tax exemption by anyone in 2022 OR 2023? Yes No
 If yes, who? _____

Have you submitted a 2024-2025 FAFSA or Renewal FAFSA? Yes No

WITNESS 1

Attach a signed letter stating why you feel this student should be considered independent. You may attach documentation that you feel supports this appeal. Please note that a student's self-sufficiency or financial needs alone are not satisfactory reasons for granting this appeal.

I am familiar with the above-named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries concerning this student's circumstances.

WITNESS 1 SIGNATURE		DATE
PRINTED NAME	JOB TITLE	
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)	LENGTH OF TIME YOU HAVE KNOWN STUDENT	
YOUR RELATIONSHIP TO STUDENT		

WITNESS 2

Attach a signed letter stating why you feel this student should be considered independent. You may attach documentation that you feel supports this appeal. Please note that a student's self-sufficiency or financial needs alone are not satisfactory reasons for granting this appeal.

I am familiar with the above-named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries concerning this student's circumstances.

WITNESS 2 SIGNATURE		DATE
PRINTED NAME	JOB TITLE	
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)	LENGTH OF TIME YOU HAVE KNOWN STUDENT	
YOUR RELATIONSHIP TO STUDENT		

Certification and Signature

WARNING: This form will be used to establish your eligibility for federal student aid funds. If you or your witnesses intentionally give false statements or misrepresentation, you may be subject to a fine, or imprisonment or both, under provisions of the United States Criminal Code.

I affirm the foregoing is true and correct to the best of my knowledge. I grant the witnesses signing this form permission to respond to inquires from LLCC concerning my circumstances.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
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Office Use Only

ACTION ON APPEAL	
Financial Aid Administrator Signature	DATE