Independent Appeal 2024 – 2025

adulthood

violence



	Financial Aid Office 1700 SW College ● Topeka, KS 66621
Student Name	(785) 670-1151 • (785) 670-1079 fax washburn.edu/financial-aid • financialaid@washburn.edu
Washburn ID	
Student Phone Number	
	rovided on the FAFSA – student and parent (dependent) OR just student onsidered to be independent if they meet certain criteria, as established
More information regarding dependency status and criteria contidependency.	an be found at https://studentaid.ed.gov/sa/fafsa/filling-
	ou have <u>unusual</u> circumstances, you may submit an independent wed on a case-by-case basis and are only granted for <u>unusual</u> ,
Check the box that applies.	
 □ Left home due to an abusive or threatening environm □ Are abandoned or estranged from your parents and l □ Have refugee or asylum status and are separated fro □ Are a victim of human trafficking □ Are incarcerated or your parents are incarcerated an □ Are otherwise unable to contact or locate your paren □ Other (please list) 	have not been adopted m your parents or your parents are displaced in a foreign country d contact with your parents would pose a risk to you nts and have not been adopted
If you believe you have an unusual circumstance that may qu	ualify for an independent appeal, complete steps 1 and 2.
 Submit a signed personal letter of appeal to the Fina for financial aid purposes. 	ancial Aid Office, indicating why you should be considered independent
 Submit supporting documentation You may provide either written documentation from verbal interview with you or a third-party individual. 	a third-party aware of your situation, or request that we conduct a
Check the box that applies if you are submitting written doc	umentation.
	in that your parents or legal guardians are incarcerated
— written statement from an attorney, guardian ad lite	em, court appointed special advocate (CASA), or a representative of TRIO

or GEAR UP that confirms the circumstances and the person's relationship to you

☐ Written statement from a state, county, or Tribal welfare agency that confirms the circumstances

☐ Written statement from an independent living case worker who supports current and former foster you with the transition to

☐ Written statement from a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or

Name of individual:		
Phone Number:		
Agency Name:	_	
Relationship to you:	_	
Certification and Signature		
By signing this worksheet, you certify that all of the inform WARNING: If you purposely give false or misleading info	·	
Student's Signature	 Date	

If you would like to request a documented phone call or interview with you or an individual from one of the agencies listed above,

provide the following information: