

Unusual Circumstance Appeal Application

Name: _____ ID #: _____

Student Phone # _____ Parent Phone # (if dependent student): _____

Address: _____ City: _____ State: _____ Zip: _____

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. However, if there is an unintentional, involuntary or uncontrollable break in the relationship between parents and student, University of Providence may be able to consider the student independent for financial aid purposes. **Providing self-support is secondary to determining the break in the relationship.** To consider this appeal, the Financial Aid Office will need a detailed, written explanation and supporting documentation.

If one of the following circumstances applies to you, please check the category and provide the required documentation:

- Your custodial parent has died and the other natural parent is still living.**
You have neither had contact with nor received any financial support from the living parent for a significant length of time (more than 2 years).

Required Documentation

1. A copy of the death certificate of the deceased custodial parent.
2. Documentation of the custodial relationship (for example, **a court document**, a copy of the divorce decree or other evidence the deceased was the custodial parent), and
3. Two (2) letters, on official letterhead, from objective third parties (that support your statement that you neither lived with nor received financial support from the non-custodial parent for a significant length of time (more than 2 years)).

- You live with a relative who is providing support.**
You have been separated from your parents and come from a documented background of historical poverty and live with a relative who is providing support.

Required Documentation

1. Letter from the relative who is providing support.
2. Two (2) letters, on official letterhead, from objective third parties (i.e. documentation from a court, social service agency or respected member of the community) who can verify the living arrangements and reason for the arrangements.

- Your family situation is unreasonable.** The dysfunction may be the result of physical abuse, emotional abuse or drug or alcohol abuse. In some cases, a professional may have counseled you to live apart from your parent(s).

Required Documentation

1. Two letters (on official letterhead) from a minister, social worker, psychologist, high school counselor, teacher, doctor, or other professional, explaining the situation in detail.

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2. A letter from you, the student, explaining the situation in detail
3. One or more of the following:
 - A letter from an independent third party (non-relative or friend) (example: parent of a friend, neighbor, employer)
 - Police reports
 - Court reports
 - Documentation from a social agency

[] **Other unusual circumstances.** The economic and personal circumstances are of such a unique or unusual nature that denial of independent student status would create an unjust hardship.

Required Documentation:

1. A detailed, written explanation and supporting documentation of unusual circumstances.
2. Two letters (on official letterhead) from a minister, social worker, psychologist, high school counselor, teacher, doctor, or other professional, explaining the situation in detail.
3. If your relationship to your parents is involved in the unusual circumstances, please provide the following information:
 - Identify the location of both of your parents.
 - Describe the last time you had contact with each of your parents – when, where, and the nature of the contact.
 - Describe how you have been self-supporting: a) when did you start meeting your expenses without parental support; and b) how have you provided for yourself?

Certification

I certify all information on this appeal, and the attached documentation, is complete and accurate. I also certify that I understand the following:

1. The Unusual Circumstance Application will not be reviewed if all documentation is not provided. The Application will be returned.
2. The Financial Aid Office will review this appeal. Their decision is final.
3. I will receive written acknowledgment of the decision.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I understand that if I have provided false or misleading information that I will be responsible to repay any financial aid funds paid to me. I further understand that the Financial Aid Office of University of Great Falls will report to the U.S. Department of Education any purposely false or misleading information I provided to receive a dependency appeal. I understand that I may be subject to a fine, prison time, or both.

Student Signature

Date

Please allow up to 10 business days for processing.