



RETURN TO:
 Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768-4008
 (909) 869-3700 Phone
 (909) 869-4757 FAX



Name of Financial Aid Applicant (please print)

Last First Middle

Bronco Number: _____

**2018– 2019
 APPEAL FOR INDEPENDENT STATUS
 STUDENT STATEMENT**

Believing that parents have the primary responsibility to pay for their children’s education, the federal government has established strict criteria for determining students’ Independent Status for financial aid purposes. To be granted Independent Status students must provide evidence of extenuating circumstances. If you believe you are eligible for Independent Status, please complete this form and submit it to our office with two supporting statements from appropriate authorities. (e.g., doctor, counselor, minister, police officer or an adult relative).

Date (month and year) you moved out of your parents’ home: _____

Student’s current address: _____

Date (month and year) you last had contact/communication with your parents: _____

Do your parents give you any cash or other help? Yes ____ No ____ If yes, explain below:

What was your income for 2017? \$ _____

What was (will be) your income 2018 (estimate if applicable)? \$ _____

(Attach a copy of your 2017 Federal Tax Return)

Did you have any other source of income or support for 2017? (e.g. government benefits, free rent, gifts)

Source: _____ Annual or Monthly Amount \$ _____

EXPLAIN HERE WHY YOU BELIEVE YOU SHOULD BE CONSIDERED INDEPENDENT. BE AS SPECIFIC AS POSSIBLE. ATTACH AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid & Scholarships, Cal Poly Pomona.

 Student Signature

 Date



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Bronco Number: _____

**2018 – 2019
 APPEAL FOR INDEPENDENT STATUS
 SUPPORTING STATEMENT**

Please explain here the circumstances, as you know them, which support the student's Appeal for Independent Status. The federal criteria can be overridden based on extenuating circumstances only. (Examples of appropriate individuals to complete this form includes a doctor, lawyer, teacher, counselor, minister, law enforcement personnel, social worker or adult relative.) (Attach additional sheets if necessary.)

 Name (print)

 Relationship to Student

 Address

 Signature

 City/State/Zip

 Date

 Phone



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2018 – 2019
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Name (print)	Relationship to Student
Address	Signature
City/State/Zip	Date
Phone	