

Name: _____ Student ID #: _____

You are considered an independent student for financial aid purposes if you meet one of the following conditions at the time you complete and sign the 2026-27 Free Application for Federal Student Aid (FAFSA):

If you meet any one of these conditions, you do not need to complete this application!

- You will be 24 years old by December 31, 2026.
- You are an orphan or a ward of the court.
- You are a veteran of the U.S. Armed Forces.
- You are a graduate student working on a post-baccalaureate degree.
- You are married.
- You have legal dependents other than a spouse who meet the definition of a legal dependent found in the FAFSA instructions.

Many students feel they are independent because they currently live on their own or because their parents no longer claim them as dependents on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help them with college expenses. However, these reasons are not sufficient for an appeal. The Student Financial Services office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definitions unless exceptions are made. **Exceptions are made only when adequate documentation is provided.**

If you are a dependent student according to the above information but wish to apply for financial aid as an independent student, you must complete this form to appeal for re-classification. Carefully read all the instructions, complete this form and return it with all the required documentation to: Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge NH 03461. Within 10 business days the Student Financial Services office will make a final determination of your status. **Filing this form does not guarantee that your appeal will be granted.**

A. Reason for Appeal - check only one.

- ☐ A severe situation exists in your family, which prevents you from obtaining your parents' financial information. Physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity, or another such situation beyond your control are examples of such a situation.
- ☐ You are a non-U.S. citizen (who is otherwise eligible to receive Federal Financial Aid according to your noncitizen status) and your parents currently reside in a foreign country. However, you are not able to obtain parental information because of a long-standing political policy or civil unrest in the country where your parents live which prevents mail or funds from passing into or out of the country.

B. Personal Statement and Documentation

For your appeal to be considered, you must illustrate why you feel you should be considered independent. You must write a personal statement in which you describe your circumstances, and you must provide documentation that supports the information contained in the statement. The information required depends upon your reason for appeal. You need only to provide the items requested for your appeal reason. When writing your personal statement, **be complete and specific**. A short, highly generalized statement will cause your appeal to be denied. The more information you provide, the better your chances will be of having your appeal approved. Be assured that all the information you provide will be held in the strictest confidence. **Attach all statements and documentation, in chronological order, securely to this application.**

If you checked Reason #1, please complete the following:

Personal Statement: On separate paper, tell us in your own words why you should be considered an independent student. Explain how you came to support yourself and over what period you have done this. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. You must also describe the events in your family that led up to your current separation from your parents.

Documentation: Provide statements from at least two professional adults who are not family members and can verify the family circumstances you described in your personal statement. Professional adults include clergy members, guidance counselors, teachers or professors, doctors, family counselors, mental health professionals and law enforcement officers. The statements you submit must be originals, not photocopies.

If you checked Reason #2, please complete the following:

Personal Statement: On separate paper, tell us in your own words why you should be considered an independent student. Explain how you came to support yourself and over what period you have done this. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. You must also describe the situation in the country where your parents reside that prevents mail and/or funds from going into or leaving the country.

Documentation: Provide a statement from an official from the embassy (or other diplomatic office) of the country where your parents live that describes the long-standing political policy or civil unrest that exists there. The statement must verify that it is impossible to get mail and/or funds into and/or out of the country. The statement you submit must be an original, not a photocopy.

Other Required Documentation:

Please note you must provide photocopies only of the following items as all materials you submit in support of your appeal must be held permanently in your financial aid file. Originals of any item sent will not be returned.

1. Independence for Tax Purposes

Provide signed copies of your parents' 2024- and 2025-income tax returns showing that they did not claim you as an income tax exemption. If your parents file separately, are separated, or divorced, you must provide copies of both parents' tax returns.

2. Income

- A. Provide copies of your pay stubs from the past four weeks from all jobs that you currently hold. Be sure to indicate the pay period for each (weekly, biweekly, monthly, etc.). Pay stubs must indicate your current address.
- B. Provide signed copies of your 2023 and 2024 tax returns. If you have not yet filed a 2024 return, provide copies of your 2025 W-2 forms from all jobs.
- C. If you receive any income that does not come from work such as Social Security Benefits, Worker's Compensation, interest on investments, etc., provide documentation of that income in the form of pay stubs, year-end statements, etc.

3. Housing and Utilities

- A. Provide a copy of your lease, property title or other written housing agreement. If you do not have a written housing agreement, you must provide a notarized affidavit from your landlord naming the property in which you live and the status that he/she receives rent from you. If you have lived at your current residence for less than a year, you must provide a housing agreement for the previous year.
- B. Provide copies of first and last months' receipts or canceled checks (front and back) used to pay for rent, utilities, and phone.

4. Other Expenses

- A. Provide two copies of canceled checks (front and back) or statements from credit cards used to pay for food, clothing, personal care items, school supplies, medical insurance and/or services, etc.
- B. If you drive a car, provide two copies of receipts or canceled checks (front and back) used to pay for car loan, insurance, maintenance, etc. Also provide copies of your car's registration and your auto insurance policy.
- C. If you have health insurance, provide a copy of your policy.

C. Biographical Information

Name: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Year in School: _____ Year of High School Graduation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Employer Name/Address: _____

D. Monthly Expenses and Income – complete both sections below

1. CURRENT EXPENSES: Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of monthly costs in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pays the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

| Expenses | Monthly Cost | Who Pays or Provides |
|----------------|--------------|----------------------|
| Housing | \$ | |
| Utilities | \$ | |
| Food | \$ | |
| Clothing | \$ | |
| Transportation | \$ | |
| Medical | \$ | |
| Personal | \$ | |

2. CURRENT INCOME: Types of income are listed in the first column. Enter your monthly income amount for each in the second column. In the third column, list the source (examples: self-employed, Burger King, Wal-Mart).

| Type of Income | Monthly Income | Source(s) |
|----------------|----------------|-----------|
| Wages | \$ | |
| Interest | \$ | |
| Dividends | \$ | |
| Untaxed Income | \$ | |
| Cash Support | \$ | |
| Other | \$ | |

E. Additional Information - answer all questions.

1. In what year were you last claimed by your parent(s) as a dependent on a Federal Tax Return? _____
2. When did you last live with your parent(s)? Month: _____ Year: _____
3. When did you last receive financial support from your parent(s)? Month: _____ Year: _____
4. Are you included as a dependent under your parents' medical plan? ☐ Yes ☐ No
If yes, give the name of the medical insurer: _____
5. Do you own or have the use of an automobile while attending Franklin Pierce University? ☐ Yes ☐ No
If yes, give the name and address of the registered owner*: _____
Address: _____
- *If you are the registered owner, provide a copy of your car registration.

REMEMBER: The success of your appeal depends upon you – what you tell us in your personal statement and what you show us in your documentation. You should concentrate on providing facts, not opinions. Provide any and all information that you feel will help outline your situation. You must provide all requested documentation in order for this appeal to be considered. All information will be kept confidential and will only be used to determine your dependency status for financial aid application purposes. If you have any questions, please contact the Student Financial Services office at (877) 372-7347.

F. Student Certification - read carefully before you sign.

I hereby certify that all information contained in the appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for financial aid jeopardized.

Signature: _____ Date: _____

Please note we will contact you within 10 business days to notify you if your appeal was approved. If approved, we will request that you forward your FAFSA to us at that time; please do not do so until we request it.

Return form with all the required documentation to:

Student Financial Services
Franklin Pierce University
40 University Drive
Rindge, NH 03461

| For Office Use Only | |
|---|---------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| <input type="checkbox"/> Additional Information Requested | |
| Date Requested: _____ | Date Received: _____ |
| Comments: | |
| _____ | _____ |
| Financial Aid Officer Signature | Date |

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