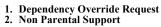
## **Unusual Circumstance Appeal**





Office of Scholarships and Financial Aid Dept.3335 Laramie, WY 82071 Phone (307) 766-2116 Fax: (307) 766-3800

| Name:   | ID: (Student's W#) |
|---|--------------------|
| (Student's First and Last Name)   | (Student's W#)     |
| <ul> <li>If you completed the Free Application for Federal Student Aid (FAFSA) and did not report your parent's information because of unusual circumstances go to section 1.</li> <li>If your parent refuses to provide their information on the FAFSA go to section 2.</li> </ul>   |                    |
| Section 1. Request for a Dependency Override  |                    |
| Select the option that most accurately reflects your circumstances:   |                    |
| I have an unusual family situation, making it difficult to obtain my parents' information. Examples include, but are not limited to: abusive family environment, abandonment, incarceration or institutionalization of both parents, parents lacking the physical or mental capacity to raise a child, parents cannot be located, etc.  |                    |
| My request to be independent of my parents for financial aid purposes was approved last year and my family situation has not changed. Supporting documents not required, but we may follow-up with you.   |                    |
| *To complete a Dependency override appeal, please submit the following items along with this form:  ✓ A written statement describing your special circumstance(s), including the relationship with both biological parents, or adoptive parents; signed and dated.  ✓ Two separate letters from and independent 3rd party source (i.e. counselors, teachers, physician, clergy member) who have knowledge of your circumstances. Letters can be on official letterhead or notarized.  ***Please note that if you are unable to obtain a letter from an independent source, please provide a reason for its unavailability in your appeal letter. In such cases, we recommend that you contact our office for further assistance: finaidappeal@uwyo.edu. |                    |
| Section 2. Parent Refusal to Support Appeal   |                    |
| My parent(s) have chosen not to provide their information needed to complete the FAFSA, <u>OR</u> my parents do not and will not provide any financial support for me.  |                    |
| PARENT REFUSAL CERTIFICATION  |                    |
| I understand that by refusing to provide information on the FAFSA, my child will not be considered for certain financial aid programs, such as Federal Pell Grant, state grants, work-study, or Federal Direct Subsidized Loans. I understand that my child will only be eligible for a Federal Direct Unsubsidized Loan, which may not cover all of the educational expenses. However I acknowledge the option to make a correction and to provide financial information later, without being obligated to borrow loans or pay tuition. I certify that I have either ended all financial support or am unwilling to provide my parent information for completion of my child's application as of:  |                    |
|   |                    |
| 3. By signing this form, I certify that all the information provided is complete and accurate.  |                    |
| Student Signature Date  |                    |
| Electronic and typed signatures are not acceptable.   |                    |
| Please submit your form by mail or online at <a href="wwyo.edu/sfa/forms/upload.html">wwyo.edu/sfa/forms/upload.html</a> 1000 E. University Ave; Dept. 3335• Laramie, WY 82071 • Fax (307)766-3800 • Phone # (307)766-2116 Email: finaidappeal@uwyo.edu   |                    |
| UWYO OSFA Office Use Only:  |                    |

 $RRAAREQ = DEPAPL \; (dependency \; appeal)$ RRAAREQ= NOSUPP (no parent support)

Received by: Aid Year: Date: Processed By: