



\_\_\_\_\_  
Last Name First Name M.I. FHSU ID

\_\_\_\_\_  
Address (include apartment number) Date of Birth

\_\_\_\_\_  
City State ZIP Code Home Phone Work Phone

The Higher Education Act clearly defines which students will be considered independent of parental support for educational costs. Independent students must be able to answer "Yes" to at least **one** of the FAFSA questions below.

If you cannot answer "Yes" to at least one of the following questions, a Financial Assistance Administrator or the Financial Assistance Committee may consider exceptional circumstances that would allow you to be independent. The unwillingness of a parent to provide support or the choice of a student not to accept support are unacceptable reasons to file this appeal. **Any decision rendered applies only to Fort Hays State University.**

To be considered for independent status, please provide the following documentation. The Financial Assistance Office may require additional documentation after this appeal is submitted. Any documentation you submit cannot be returned.

1. A written description of the unique circumstances that should make you independent from your parents **AND**
2. Three letters of support from people who know your situation (i.e., social worker, counselor, clergy, foster parents, etc.). Letters of support from parents will **not** be considered.

If you answer "Yes" to one of the following questions, you should **not** submit an independent appeal. Contact the Financial Aid Office to determine other documentation that may be needed.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Were you born before January 1, 2001?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. At the beginning of the school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, or graduate certificate, etc.)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. As of today, are you married? (Answer "Yes" if you are separated but not divorced.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have children who receive more than half of their support from you between July 1 and June 30 of the academic year?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. At any time since you turned age 13, were both of your parents deceased, were you in foster care or were you a dependent/ward of the court?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you a veteran of the U.S. Armed Forces?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you currently serving active duty in the U.S. Armed Forces for purposes other than training?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. As determined by a court in your state of legal residence, are you or were you an emancipated minor?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. As determined by a court in your state of legal residence, are you or were you in legal guardianship?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. At any time on or after July 1, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. At any time on or after July 1, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. At any time on or after July 1, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Certification Statement – all students must complete.**

**WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence, or both.**

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I realize that this proof may include a copy of my federal, state, or local income tax information. I also realize that if I do not provide proof when asked, I may not receive financial assistance.

\_\_\_\_\_  
Student's Signature Date