



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

2016—2017 Dependency Status Appeal Form

Please complete this form in its entirety and return it with all supporting documentation to the Financial Aid Office. We encourage you to monitor the status of your appeal via your email address provided on your FAFSA application. If you do not hear from us via email or phone call after two weeks of submitting your appeal, then please visit our office and speak with your counselor.

Student's Name: _____ Student ID#: _____
P.O. Box # and Village: _____ Home/Cell Phone: _____

STEP 1: 2016-2017 Free Application for Federal Student Aid (FAFSA) Status (check one)

- I **already filed** my 2016-2017 FAFSA and listed American Samoa Community College (010010) as a school of choice
- I **did not file** my 2016-2017 FAFSA and will list American Samoa Community College (010010) as a school code of choice.

STEP 2: Unusual Circumstance and Requested Documentation

For each parent (mother and father) check the appropriate unusual circumstance and provide the requested documentation

Mother	Father	Circumstance	Requested Documentation
<input type="radio"/>	<input type="radio"/>	Parent is deceased	A copy of the parent's death certificate
<input type="radio"/>	<input type="radio"/>	Parent is incarcerated	Documentation that verifies the parent is incarcerated and lists the parent's anticipated release date
<input type="radio"/>	<input type="radio"/>	Unusual parental circumstance	A written statement from a third-party professional that knows the student's situation, or government agency documentations.

* If you are unable to provide the requested documentation, please contact the Financial Aid Office to determine if other forms of documentation can be considered

The Financial Aid Office WILL NOT review and/or approve any Dependency Status Appeal Form that is incomplete or submitted without proper documentation(s).

STEP 3: Certification Statement

I certify that the information on this dependency appeal form is true and correct to the best of my knowledge. I agree to submit additional documentation to support my appeal should the Financial Aid Office make such a request. I understand that willful omission or falsification of information or documentation accompanying this request may result in the automatic denial, reduction, and/or repayment of financial aid.

Student Signature: _____ Date: _____

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The federal government sets the criteria for determining the dependency status of financial aid applicants. Students who do not meet at least one of the conditions listed below are considered financially dependent for financial aid purposes, and they must provide parental information and signatures on the 2016-2017 FAFSA or Renewal FAFSA.

You are **dependent** if you answer NO to ALL of these questions:

Were you born before January 1, 1993?	<input type="checkbox"/> YES <input type="checkbox"/> NO
As of today, are you married? (Answer "Yes" if you are separated, but not divorced.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
At the beginning of the 2016—2017 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, or graduate certificate, etc)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have children who will receive more than half of their support from you between July 1, 2016, and June 30, 2017?	<input type="checkbox"/> YES <input type="checkbox"/> NO
At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
As determined by a court in your state of legal residence, are you or were you an emancipated minor? Answer "Yes" if you can provide a copy of a court's decision indicating that you are/were an emancipated minor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
As determined by a court in your state of legal residence, are you or were you in legal guardianship? Answer "Yes" if you can provide a copy of a court's decision indicating that you are/were in legal guardianship.	<input type="checkbox"/> YES <input type="checkbox"/> NO
At any time on or after July 1, 2015, 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
At any time on or after July 1, 2015, 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
At any time on or after July 1, 2015 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

If you are classified as a dependent student according to the definition above, but wish to apply for financial aid as an independent student, you must complete this form to appeal for re-classification if you meet the criteria.

Students are classified as dependent or independent because federal student aid programs are based on the philosophy that **students and the parents have the primary responsibility for paying for their post-secondary education**. This "ability to assist" with college costs is measured in an equitable and consistent manner by the government when student and parent data is supplied on the FAFSA.

When this appeal form is filed, a student who meets the standard definition of a dependent student is stating that his/her circumstances are so severe or unusual that the parental obligation to assist with college costs should be waived. This appeal is not intended to be used by a dependent student whose parents feel they do not have the financial strength to assist with college costs - the FAFSA will measure your parents' ability to assist. In addition, this form is **not** intended to be used by a dependent student whose parents disagree with the government's philosophy stated above and refuse to provide their information.

Also, you must complete the Independent Verification Worksheet. Follow all the instructions to ensure your verification documentation is complete. A decision letter will be sent to you as soon as evaluation of your appeal is completed. The response time on your appeal will be contingent upon your cooperation with requests for documentation. Allow at least **2 - 4 weeks** for a response.

Required documentation: (If you are renewing your appeal, skip this step and complete the appeal form.)

Students are required to submit supporting documentation with their appeal. The supporting documentation will vary depending on the student's unusual circumstances. Students must provide documentation for each parent. For the conditions which qualify for dependency override, the following items are requested:

Circumstance	Requested Documentation
Parent is deceased	A copy of the parent's death certificate
Parent is incarcerated	Documentation that verifies the parent is incarcerated and lists the parent's anticipated release date
Unusual parental circumstances	A written statement from a third-party professional that knows the student's unusual parental circumstances

Personal Statement: You must submit a typed personal statement that explains what has occurred, with specific dates and information, and must reference the documentation you provide.

Professional Statements: Provide supporting statements from **at least two professional adults who are NOT family members, friends, or employers** which verify the family circumstances you have described in your personal statement. Professionals include clergy members, guidance counselors, teachers or professors, doctors, family counselors, mental health professionals, social workers, and law enforcement officers. The supporting statements you submit must be signed and dated originals and must include the contact information of the person providing the statement. Financial Aid Office reserves the right to contact third-party professionals who provide supporting documentation. The supporting statements must be originals.

Photocopies will not be accepted.

Income Documentation for 2015: You must attach a signed statement from friends or relatives who have provided financial or other support (such as housing, food, etc) in 2015.

DEFINITIONS

- **Unaccompanied**—when a student is not living in the physical custody of a parent or guardian
- **Parent**—a student's biological or adoptive parent. A student's stepparent, foster parent or legal guardian is not considered a parent unless they have adopted the student.
- **Youth**—a student who is 21 years old or younger or still enrolled in high school as of the date he/she signs the FAFSA.
- **Homeless**—lacking fixed, regular, and adequate housing. For example, temporarily living with other people because he/she has nowhere else to go; living in substandard housing; living in emergency or transitional shelters (FEMA trailers after disasters); living in motels, camping grounds, cars, parks, abandoned buildings, bus or train stations, or any public place not designed for humans to live.
 - *Self-supporting*—when a student pays for his/her own living expenses, including, fixed, regular, and adequate housing.
 - *At risk of being homeless*—when a student's housing may cease to be fixed, regular, and adequate, for example, a student who is being evicted and has been unable to find fixed, regular, and adequate housing.
 - *Fixed housing*—stationary, permanent, and not subject to change.
 - *Regular housing*—used on a predictable, routine, or consistent basis.
 - *Adequate housing*—sufficient for meeting both the physical and psychological needs typically met in the home.