



2025-2026 DEPENDENCY STATUS APPEAL

Arizona Western College
Office of Financial Aid

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SECTION A: STUDENT INFORMATION (PLEASE PRINT)

Full Name (Last, First, MI.)	AWC ID #	Date of Birth
Mailing Address	City, State	Zip
Home Phone #	Cell Phone #	Toro email address

SECTION B: REQUIRED ACTIONS

The philosophy of the Department of Education and AWC is that the primary responsibility of providing for a student's education lies first with the student and parents. A parent's unwillingness to contribute toward a student's education is not a legitimate basis for an appeal of dependent status.

The purpose of this appeal is to prove independency for those students who do not meet the independency criteria set by the Department of Education on the 2025-2026 FAFSA (Free Application for Federal Student Aid). To have your dependent status reviewed, you must meet one of the requirements below. Check one of the boxes below that may apply to your request for review and complete the required actions for each reason. **Changes resulting from this review do not guarantee an increase in aid.** If you do not complete the required actions or items are missing or blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, additional information or documentation, beyond the items below, may be requested.

REASON FOR REVIEW	EFFECTIVE DATE	REQUIRED ACTIONS
<input type="checkbox"/> I meet one of the following alternative independent student criteria: Under extreme or unusual circumstances the Office of Financial Aid may review the dependent status for students. Examples of circumstances include (but are not limited to): <ul style="list-style-type: none"> • You are a refugee whose parents are in another country. • You have a documented case of abuse by parents. • You have been legally removed from your parent's or legal guardian's home. 		<ol style="list-style-type: none"> 1. Attach a written description of the unusual or extreme circumstances and include information about your living situation, income, and relationship with your parents. 2. Attach a letter from a professional person (clergy, counselor, teacher, etc.) on letterhead documenting the unusual or extreme circumstances. 3. Attach copies of your 2023 Federal Tax Forms. 4. Complete section C of this form. <p>Note: Allow a minimum of 30 business days for processing.</p>

PLEASE NOTE that a parent's refusal to contribute to educational costs or provide income information for financial aid purposes is not, by itself, a basis for review/appeal. If your parents refuse to complete the FAFSA and you would like to only be considered for an Unsubsidized Federal Stafford Loan, you do not need to complete this form. You will need to complete and submit the FAFSA without parent information.

SECTION C: BUDGET FOR 2023 AND 2024

Do not leave any amount blank; write "0" if the item does not apply. If any items are missing or left blank this form will be returned to you unprocessed.

TYPE OF INCOME / EXPENSES		2023	2024
Income	a. Gross Income from Work	\$	\$
	b. Financial Aid	\$	\$
	c. Interest & Dividends	\$	\$
	d. Food Stamps	\$	\$
	e. Social Security	\$	\$
	f. Unemployment Compensation	\$	\$
	g. Disability	\$	\$
	h. Parental Support	\$	\$
	i. Other	\$	\$
	Total Income	\$	\$
Expenses	a. Tuition/Book Costs	\$ (-)	\$ (-)
	b. Rent/Mortgage	\$ (-)	\$ (-)
	c. Utilities	\$ (-)	\$ (-)
	d. Food	\$ (-)	\$ (-)
	e. Auto/Transportation	\$ (-)	\$ (-)
	f. Personal	\$ (-)	\$ (-)
	g. Credit Card Payments	\$ (-)	\$ (-)
	h. Other	\$ (-)	\$ (-)
	Total Expenses	\$ (-)	\$ (-)

SECTION D: CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. I understand that false or misleading information will be cause for payment of financial aid funds received. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

Student Signature	Student Full Name (Please Print)	Date
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SECTION E: FOR OFFICE USE ONLY

Review Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Decision made by:
Justification/Reason for Denial <input type="checkbox"/> Insufficient resources to support self <input type="checkbox"/> Insufficient documentation <input type="checkbox"/> Claimed on parent's taxes <input type="checkbox"/> Housing arrangements <input type="checkbox"/> Appeal incomplete for more than two weeks	
Comments:	Date