
2020-2021 Appeal for Review of Dependency Status

The Office of Financial Aid & Scholarships at Grand Valley may consider a student independent only in unusual circumstances. If your situation is different from what is outlined below, please attach a separate sheet explaining your circumstances along with supporting documentation. **Please allow 1-2 weeks for processing.**

Student Name: _____ Student ID Number: G_____

Please CHECK ONE of the following circumstances and provide the information requested:

Circumstance #1: You come from an unusual family situation. The dysfunction is a result of physical or emotional abuse, drug or alcohol abuse or other untenable situations that make it impossible for you to live with and be supported by your parent(s).

Attach a signed statement from EACH of the following three individuals providing an explanation of the situation. Also attach any other documentation from police or court records.

1. Statement from you.
2. Statement from a friend or family member familiar with the situation.
3. Statement on letterhead from a professional person outside of GVSU familiar with the situation. Examples include a counselor/therapist, minister, social worker, high school teacher or physician. **Please note:** *Statements from the GVSU Counseling Center are encouraged but generally do not meet the requirements of having first-hand knowledge of the situation.*

Circumstance #2: Your custodial parent has died and you have no contact with the other birth parent.

1. Attach death certificate of the deceased birth parent.
2. Attach a letter from you explaining your relationship with your living birth parent.
3. Attach a letter from an objective third party which supports your claim that you have not had any significant relationship with the other birth parent.

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.