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DENIED

Financial Aid

303 University Avenue, Newark, NJ 07102-1798 p: 973-877-3200 | f: 973-877-3586 Room 3220 | www.essex.edu/fa

INDEPENDENT STATUS APPEAL FORM

A	CA	D	E	M	IC	•	Y	Έ	A	R:				

Please print clearly.

Student Last Name	First Name		ECC ID#	Home Phone	Cell Phone						
Financial aid regulations state	that dependent s	stude	nts are re	quired by law to provide par	ental income information and						
signatures to be considered for financial aid. You may request to waive the federal regulation requirements, if you can											
document that you are separated from your parents due to some extraordinary circumstances. Your parent's unwillingness											
to provide their information, your ability to support yourself, or not living with your parents does not constitute											
extraordinary circumstances.											
Have you filed an Independent Status Appeal at our school before? Yes - Year: No											
Check the unusual circumstar	-		-								
to support your reason. Docu	ment your reaso	n fro	m the cou	rt, social service agency or otl	her similar sources:						
■ Abusive family environm	ent										
Parents are incarcerated of	ınd I live with a f	riend	l or relativ	e who contributes to my supp	port						
Separated due to abando	nment and I am u	ınabl	e to conta	ct them or one of parents are	deceased and I do not						
know the whereabouts of my	other parent. No	ote:	f applicat	ole, provide a death certificate	for a deceased parent.						
Other specify:											
1. If both parents are not de	ceased, where is y	our l	iving pare	nt?							
2. Where are both of your p	arents located? _										
3. When and where was the	last time you had	conto	ict with ea	ch of your parents:							
4. Mother When?	· · · · · · · · · · · · · · · · · · ·	Wher	e?	Date of last conta	act:						
Father When?	,	Wher	e?	Date of last conto	act:						
5. What was the nature of th											
6. When did you start meeting											
•			•								
How have you supported you	rself? Indicate h	ow y	ou suppo	rted yourself in 2020. Check	all that apply, enter the						
amount received and submit		-		•	,						
Source of Inco	me		Amount	Required Documentation							
		R	Received	·							
☐ Unemployment Benefits		\$		Printout from the Unemploy	yment Office						
Social Security Benefits		\$		Letter from Social Security							
☐ Disability		\$		Letter from the agency							
Welfare		\$		Letter from the agency							
Child Support		\$		Letter from courts							
☐ Worked and filed taxes (full or part-time)	\$		IRS Tax Transcript, if filed t	axes or W2 Form, last						
				paystub(s) or letter from al	l employers if no taxes						
				were filed.							
Support from family, frie	nd etc.	\$		Download and complete St							
Other:		\$		Provide appropriate docum	entation						
CERTIFICATION: I certify that	t the statements, i	infori	mation an	d documents for this appeal c	ire true and correct.						
Student Signature (Full signa	ature; No initials)			Date							

FAO SIGNATURE: _