



## 2024-2025 Dependency Status Appeal Application

This form is to be used by students with unusual circumstances they feel warrant a review of their dependency status. **Please note the following circumstances DO NOT merit a dependency override:** parents refusing to contribute to student’s education or complete a FAFSA, parents not claiming the student on their taxes, or the student demonstrating self-sufficiency.

### A. Student Information

---

Student’s Full Name

ODU Student ID Number or Last 4 of SSN

Student Phone Number (Including Area Code)

Student Email Address

### B. Submit the Following Documentation:

---

1. A 2024-2025 Free Application for Federal Student Aid completed with only the student information. Remember to include ODU’s school code: 003035.
2. Third party documentation from professionals (on their letterhead) documenting their first-hand knowledge of your unusual circumstance. The Financial Aid Office may contact these references for additional information or clarification of your situation.
  - o Professionals include: clergy, counselors, social workers, police, physicians, etc.
  - o Letters should be detailed and refer to actual events – they should not be reiterations of events you have shared, but should reflect the writer’s knowledge

### C. Personal Statement

---

- Attach a clear and concise explanation of your unusual circumstance. Your signed and dated statement must include a complete history of:
  - o Your relationship with your biological and/or legally adoptive parents
  - o Specific dates of events that caused your separation from your parents
  - o Where you have lived since separating from your parent
  - o Your sources of income and your annual expenses for 2024
  - o How you have supported yourself while living apart from your parents

### D. Certification and Signatures

---

I certify all information included with this form is true and complete to the best of my knowledge. I understand that completion of this form does not ensure a change in my dependency status or receipt of additional financial aid. I also understand the decision of the Appeals Committee is final and cannot be changed.

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit completed form to:**

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219  
Phone: (614) 251-4778 Fax: (614) 253-3499