Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529

CARL SANDBURG COLLEGE™
www.sandburg.edu

2021-2022 Independent Student Appeal

Student's Name _____

Student ID#_____ Last 4 SSN# xxx-xx-_____

Address _____ Telephone Number _____

City, State, Zip _____

Financial aid regulations assume that students and parents have primary responsibility for meeting the educational costs of students. When unusual circumstances exist, the student may request to be considered as an independent student. Please answer the following questions:

1. Identify the location of both of your parents:_____
   _____
   _____
   _____
2. Describe the last time you had contact with each of your parents – when, where, and the nature of the contact:_____
   _____
   _____
   _____
3. Explain what unusual circumstances should make you an independent student:_____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

4. Describe how you have been self-supporting:
   a). When did you start meeting your expenses without parental support:
   _____
   _____
   _____

   b). How have you provided for yourself:
   _____
   _____
   _____

5. Attach letters from two responsible adults who are aware of your situation or documentation to confirm your status. At least one statement must be from a third party professional (i.e., clergy, high school counselor, personal counselor). Copies of appropriate court documents are acceptable to support your request.

   a). I have attached statements from the following persons (give name, address, job title, and relationship to you).
   1. Name: _____
      Relationship to Student:_____
   2. Name:_____
      Relationship to Student:_____

I certify the information provided above is true and complete.

Student's Signature_____Date _____

For office use only:

Reviewer #1: Accepted: _____ *Denied:* _____ *Date:* _____
Reviewer #2: Accepted: _____ *Denied:* _____ *Date:* _____
Notice mailed to student: _____