

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
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CARL
SANDBURG
COLLEGE™
www.sandburg.edu

2016-2017 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. At least one statement must be from a third party professional person (i.e., clergy, high school counselor, personal counselor). Copies of appropriate court documents are acceptable to support your petition.

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.

Signature _____ Date _____

For office use only:

Reviewer #1: Accepted: _____ Denied: _____ Date: _____

Reviewer #2: Accepted: _____ Denied: _____ Date: _____

Notice mailed to student: _____