Financial Aid Office

1032 West Sheridan Road Sullivan Center Room 190

Chicago, Illinois 60660
Phone: 773.508.7704
Scan completed form and upload to https://forms.luc.edu/faoupload



Preparing people to lead extraordinary lives

2024–2025 Dependency Appeal

Student Name:(Please print)	Loyola ID: (Your 11-digit Loyola ID number begins 0000)
	or financial aid purposes by meeting certain criteria. Please review your situation. After review, the Financial Aid Office may request Are you:
☐ A dependent or ward of court sin	nce turning age 13
☐ Currently or was an emancipated	ed minor
Currently or was in legal guardia	
	•
☐ Homeless or at risk of being hom	
☐ In foster care since turning age 1	3 complete this appeal. Submit the "Dependency Status Verification" form instead.
reports or similar materials to support y 2. Two detailed letters from sources outside be a teacher, minister, lawyer, physician circumstances upon request. Use the attentions the following questions:	circumstances (use attached form). Attach copies of any police or custody your appeal. Information will be kept confidential. de your family familiar with your family circumstances. The sources must in, counselor or other professional who is willing to verify your tached forms and have each person respond to the questions on the form.
1. What is the most recent date you live	d with or received cumport from vour perents?
	ed with or received support from your parents?, gifts, medical insurance, loans, college costs, etc.)
(Support includes: cash, housing, food,	, gifts, medical insurance, loans, college costs, etc.)
(Support includes: cash, housing, food, 2. Did or will your parent(s) claim you a	as a tax exemption in 2022 or 2023? YesNo
(Support includes: cash, housing, food, 2. Did or will your parent(s) claim you a 3. Were you, or will you be, claimed as	, gifts, medical insurance, loans, college costs, etc.)
(Support includes: cash, housing, food, 2. Did or will your parent(s) claim you a 3. Were you, or will you be, claimed as If yes, who?	as a tax exemption in 2022 or 2023? YesNo a tax exemption by anyone in 2023 or 2024? YesNo
(Support includes: cash, housing, food, 2. Did or will your parent(s) claim you a 3. Were you, or will you be, claimed as If yes, who?	as a tax exemption in 2022 or 2023? YesNo a tax exemption by anyone in 2023 or 2024? YesNo Relationship to you ee Application for Federal Student Aid (FAFSA)? YesNo
 (Support includes: cash, housing, food, Did or will your parent(s) claim you a Were you, or will you be, claimed as If yes, who? Have you submitted a 2024-2025 Free I was approved for a Dependency Ap What is your family size from July 1, 	as a tax exemption in 2022 or 2023? YesNo a tax exemption by anyone in 2023 or 2024? YesNo Relationship to you ee Application for Federal Student Aid (FAFSA)? YesNo
 (Support includes: cash, housing, food, Did or will your parent(s) claim you at the support of the s	as a tax exemption in 2022 or 2023? YesNo a tax exemption by anyone in 2023 or 2024? YesNo Relationship to you ee Application for Federal Student Aid (FAFSA)? YesNo ppeal in 2023-2024 YesNo 2024-June 30, 2025? (Please see below for an explanation of family will be attending college during this time? If spouse; the student's dependent children; other people living with the student now. Include ou, the student, will provide more than half of their support between July 1, 2024, and June 30, 20.
 (Support includes: cash, housing, food, Did or will your parent(s) claim you at the support of the s	as a tax exemption in 2022 or 2023? YesNo a tax exemption by anyone in 2023 or 2024? YesNo Relationship to you ee Application for Federal Student Aid (FAFSA)? YesNo ppeal in 2023-2024 YesNo 2024-June 30, 2025? (Please see below for an explanation of family ally will be attending college during this time? er spouse; the student's dependent children; other people living with the student now. Include

Last updated 7/23/2024

cudent Name:(Please print)	Loyola ID: (Your 11-digit Loyola ID number begins 0000)
Free or Reduced Price School Lunc	ch
Medicaid	
Refundable Credit for Coverage U	nder a Qualified Health Plan (QHP)
Supplemental Nutrition Assistance	Program (SNAP)
Supplemental Security Income (SS	SI)
Temporary Assistance for Needy F	Families (TANF)
Special Supplemental Nutrition Pro	ogram for Women, Infants, and Children (WIC)
None of the Above	
Verification of Current Living Arrans I have attached a copy of my curren	
I do not have a current lease or renta signed statement from my current k	andlord/roommate verifying my tenancy include the following a 2) first date of tenancy 3) monthly amount of rent paid.
section and sign and date below. Letters of	support or explanation of your situation are not required. ed independent. Your explanation should include information about
section and sign and date below. Letters of blain why you believe you should be considered relationship with your parents since you were	f support or explanation of your situation are not required.
section and sign and date below. Letters of blain why you believe you should be considered relationship with your parents since you were bettwo years, and include how you have been supply	ed independent. Your explanation should include information about 16 years old. You must indicate where you have been living for the
section and sign and date below. Letters of lain why you believe you should be considered relationship with your parents since you were two years, and include how you have been supply	ed independent. Your explanation should include information about 16 years old. You must indicate where you have been living for the
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*Typed and digital signatures are not acceptable

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Student Name:(Please print)	Loyola ID:(Your 11-digit Loyola ID number begins 0000)
I grant the person signing this form permission to respond to it concerning my circumstances.	nquiries by the Loyola University Chicago Financial Aid Office
Student Signature*:	
SOURCE 1	
Explain why you feel this student should be considered independent	ndent. Please feel free to attach additional pages.
I am familiar with the above named student's family circumstacorrect. I agree to respond to inquiries by the Loyola University circumstances.	
Signature*:	Date:
Printed Name:	Job Title:
Address:	Phone:
Relationship to Student:	
Number of Years Acquainted with Student:	

1D 2025

Student Name:	Loyola ID: (Your 11-digit Loyola ID number begins 0000)
(Please print)	
I grant the person signing this form permission to r Office concerning my circumstances.	respond to inquiries by the Loyola University Chicago Financial Aid
Student Signature*:	
SOURCE 2	
Explain why you feel this student should be consid	lered as independent. Please feel free to attach additional pages.
·	
-	
-	
	ily circumstances. I affirm the information provided by me is true and ola University Chicago Financial Aid Office concerning this student's
Signature*:	Date:
Printed Name:	Job Title:
Address:	Phone:
Relationship to Student:	_
Number of Years Acquainted with Student:	

 $*Typed\ and\ digital\ signatures\ are\ not\ acceptable$

1D 2025