



ROCKY  
MOUNTAIN  
COLLEGE

## 2026-27 Appeal for Independent Student Status

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last First M/I

Current Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please review the following conditions to determine if you already qualify as an independent student for financial aid purposes. If so, you do not need to complete this form.**

- You were born before January 1, 2003
- You are an orphan, ward of the court, an emancipated minor or in legal guardianship or foster care
- You are a veteran of, or currently serving in, the U.S. Armed Forces
- You are a graduate student working on a post-baccalaureate degree
- You are married
- You have legal dependents other than a spouse for whom you provide more than half of their support
- You are an unaccompanied youth who is homeless

**A. Reason for Appeal** – Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definition, **unless exceptions can be determined. Exceptions are made only when adequate documentation of extenuating family circumstances exists.** Extenuating circumstances are generally defined by the student's inability to have contact with their parents. Review the reasons for appeal below and check the one that describes your circumstance. **If none of these circumstances apply to your situation, do not complete this form.**

1. **Severe circumstances** within your family prevent you from obtaining your parents' financial information. Examples include:
  - a. An abusive home situation which is detrimental to your physical or mental well-being
  - b. Abandonment by both parents
  - c. History of neglect due to parental alcohol or drug abuse
  - d. Incarceration of the custodial parent
2. Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in number one (1).
3. You are divorced after being married for **at least two years**, maintained a residence apart from your parents' and, **now** maintain a separate residence and pay all expenses from your own income and assets.
4. You have extenuating circumstances not described above, which prevent you from having contact with your parents to obtain parental information for FAFSA filing.

**B. Personal Statement** – Attach a personal statement (preferably typed) explaining completely and explicitly the basis of your appeal. Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strictest confidence. Make sure your statement is signed and dated.

**C. Documentation** – In addition to your personal statement, attach the required documentation as outlined below:

**If you chose Reason #1** – provide documentation from two or more of the following sources: Signed statements from **two adult professionals** who are not family members, which verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department), and officers of the court. Letters must be signed originals on agency letterhead and include the professional’s title. Personal references not representing an agency opinion must be notarized.

**If you chose Reason #2** – provide documentation from two or more of the above sources and a photocopy of your parent’s death certificate or newspaper obituary:  
If your last name is different from your parent’s, please provide legal documentation of birth, adoption, marriage, divorce or other circumstances that prove your relationship.

**If you chose Reason #3** – provide all of the following:  
Complete copies of your marriage license, divorce degree, signed federal tax returns and W-2 forms for the period in which you were married. A signed and notarized statement from both of your parents verifying amounts of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you married.

**If you chose Reason #4** – provide documentation from three or more sources as described in the “Reason #1” section above which verify that your extenuating circumstances prevent you from having contact with your parents.

**D. Monthly Expense and Income Worksheets**

**1. Current Expenses** – Estimate your current monthly expenses below and state how they are paid. Types of expenses are listed in the first column. Enter your estimate of **monthly** amounts in the second column. In the third column, give the name(s) and relationship of the person(s) who pay the expense or provides the item for you. If you pay the cost, enter “Self” in the third column.

| <b>Expense</b> | <b>Monthly Cost</b> | <b>Name &amp; Relationship of Person Responsible for Payment</b> |
|----------------|---------------------|--|
| Housing        | _____               | _____  |
| Utilities      | _____               | _____  |
| Food           | _____               | _____  |
| Clothing       | _____               | _____  |
| Transportation | _____               | _____  |

Medical \_\_\_\_\_  
 Personal \_\_\_\_\_  
 Childcare \_\_\_\_\_

**2. Current Income** – Describe your average **monthly** income and identify the source(s) by name.

| <b>Income</b>  | <b>Monthly Amount</b> | <b>Name of Employer or Source of Income</b> |
|----------------|-----------------------|---|
| Wages          | _____                 | _____                                       |
| Interest       | _____                 | _____                                       |
| Dividends      | _____                 | _____                                       |
| Untaxed Income | _____                 | _____                                       |
| Cash Support   | _____                 | _____                                       |
| Other          | _____                 | _____                                       |

**E. Additional Information** – Answer all questions below.

1. In what year were you last claimed by your parent(s) as a dependent on a Federal tax return?  
Year \_\_\_\_\_
2. When did you last live with your parent(s)? Month \_\_\_\_\_ Year \_\_\_\_\_
3. When did you last receive financial support from your parent(s)? Month \_\_\_\_\_ Year \_\_\_\_\_
4. Are you included as a dependent under your parents' medical plan? Yes \_\_\_ No \_\_\_
5. Do you own or have the use of an automobile while attending college? Yes \_\_\_ No \_\_\_

If yes, please provide the name and address of the registered owner:

Name \_\_\_\_\_ Address \_\_\_\_\_

If you are the registered owner, provide the following information:

Year, Make & Model \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Purchase Date \_\_\_/\_\_\_/\_\_\_ Balance Owed \$ \_\_\_\_\_

If anyone else is making your car payments, please provide his/her name and relationship in section D1 above.

6. Did you file a 2024 Federal tax return? Yes \_\_\_ No \_\_\_

**F. Student Certification – please read carefully before you sign**

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements and/or documentation. If evidence is presented contrary to this statement, I fully understand that my appeal will be denied and my eligibility for Federal and State student aid will be jeopardized.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit this completed form to the Financial Aid Office.*

1511 Poly Drive, Billings, Montana 59102 / 406-657-1031 / 800-877-6259 / Fax: 406-657.1189 / [finaid@rocky.edu](mailto:finaid@rocky.edu)