

Please PRINT Clearly

Student Name (Last, First):		TU ID #:
Phone Number:	E-mail Address:	

For every question on this form, the terms **“mother,” “father,” and “parent(s)”** refer only to your **biological** or **adoptive** parents.

If you can answer “yes” to any of the following questions, you are already **automatically** eligible to apply for 2025-2026 financial aid as an independent student, and you should **not** submit this appeal form.

1. Were you born before January 1, 2002?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you married now, and were you married before you filed your 2026-2027 FAFSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you be enrolled in a master’s, doctoral or graduate certificate program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a veteran or current active-duty member of the U.S. Armed Forces? (See Note 1.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have one or more children or other dependents who get more than half their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Answer yes if any of the following conditions were true for any period of time after you turned age 13: a. Both of your biological or adoptive parents were deceased <u>or</u> b. You were placed in foster care (Answer yes, even if you were later adopted, readopted, or released from foster care.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you currently an Emancipated Minor as determined by a court in your state of legal residence, or were you an Emancipated Minor when you became a legal adult in your state? (See Note 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you currently in a Legal Guardianship as determined by a court in your state of legal residence, or were you in a Legal Guardianship when you became a legal adult in your state? (See Note 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. <u>At any time on or after July 1, 2025</u> , did you meet any of these three categories of homelessness: ³ a. Did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? b. Did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? c. Did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

¹Question 4 Notes: Answer **“Yes”** if you have NOT been dishonorably discharged **AND** have served in the U.S. Armed Forces or are a National Guard or Reserves enlistee who has served active duty for other than state or training purposes. Answer **“No”** if you are a National Guard or Reserves enlistee activated only for state or training purposes.

²Question 7 and 8 Notes: Answer **“Yes”** if you can provide a copy of court documents stating that you are currently an emancipated minor or have a current legal guardianship or that you were an emancipated minor or were in legal guardianship immediately before you reached the age of legal adulthood in your state. Answer **“No”** if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you become an adult.

³Question 9 Notes: Answer **“Yes”** if you received a determination at any time **on or after July 1, 2025**, that you were an **unaccompanied youth** who was homeless or at risk of being homeless.

- **Homeless** means lacking fixed, regular, and adequate housing, which includes living in shelters, motels, or cars, or temporarily living with other people because you had nowhere else to go.
- **Unaccompanied** means you are not living in the physical custody of your parent or guardian.
- **Youth** means you are 21, or younger or you are still enrolled in high school as of the day you sign this application.

Answer **“No”** if you are not homeless or at risk of being homeless or if you do not have a determination. If have not been officially determined homeless, but believe you are an unaccompanied youth who is homeless or that you are an unaccompanied youth providing for your own living expenses who is at risk of being homeless, contact our office for assistance obtaining a determination.

Appeal Instructions:

If you do not meet conditions 1 – 8 above, federal aid regulations normally require us to consider your parent(s)' financial resources when evaluating your financial need. However, if **extraordinary** circumstances make it difficult for you to obtain your parent(s)' financial data, we may be able to waive this requirement through this appeal process. If your appeal is approved, we will authorize you to apply for aid as an independent student, using only your income and asset information.

- Examples of qualifying circumstances include estrangement from parents; abandonment; parental neglect, abuse, incarceration, threatening environment, and addiction or mental health problems; human trafficking; or you have refugee or asylee status and are separated from your parents or your parents are displaced in a foreign country;
- The following circumstances **by themselves** are not sufficient grounds to approve a dependency appeal: a) student doesn't live with parents, b) parents don't support student, c) parents don't claim student on taxes, d) parents don't want to provide financial data, or e) parents have low income (financial aid formulas automatically consider financial need).
- If you were most recently supported by legal guardians, grandparents, other relatives, or friends, you cannot list their income data on your FAFSA. If either of your parents is still alive, you must still provide parent data unless we are able to approve your appeal.
- We respect your right to keep your personal circumstances private, but we cannot approve appeals without complete and well-documented explanations of your circumstances. Our policies and Federal student privacy laws (FERPA) ensure that your information will be kept strictly confidential. We will not notify your parents or share any information with them.
- If you are unable to appeal or your appeal is denied, and your parents refuse to complete the Free Application for Federal Student Aid (FAFSA), you may still borrow a Federal Direct Unsubsidized Student Loan by completing the "[2026-2027 Parent FAFSA Refusal Form](#)," which is available online at: www.towson.edu/aidforms

To appeal your status, please submit this form and the required documentation. We will respond to your TU email.

If you are unable to collect all the requested data, please call to discuss your situation. We want to help you complete this process.

1. What is your mother and father's current marital status?
☐ Never married to each other ☐ Separated or divorced from each other ☐ Mother is widowed
☐ Married to each other ☐ Father is widowed
2. List your **parent(s)' full legal names** and all their addresses since you turned 18. *

	Father	Mother
Name:		
Date of Birth		
Current Address:		
Dates:	Since:	Since:
Previous Address:		
Dates:	From: To:	From: To:

*If you do not know the exact dates or full addresses, list as much information as you can.

3. How often do you have contact with your parent(s), and when was the last time you had contact with them?

4. Please list any financial support you received from your parent(s) in the last 2 years. Include the type of support and the parent who provided it. (Financial support includes cash, housing, food, gifts, and payment of your bills or debts such as health or car insurance, or car payments.)

5. When was the last time you received financial support from either parent? (List the parent(s) and the date or your age.)

6. **\$** . List the total amount of financial support you received from **friends, relatives, or guardians** during 2024 (1/1/2024 - 12/31/2024). Include money given directly to you and personal bills paid on your behalf, such as personal phone bills, car payments, car and health insurance, etc. Do not include any indirect support such as free room and board, household bills, gifts, clothing, etc.

7. Who owns the vehicle you drive? ☐ Me ☐ Parent(s) ☐ I don't drive ☐ Other: _____
8. If you own a vehicle, are you making payments on that vehicle? ☐ Yes ☐ No
9. Do you have health insurance? ☐ Yes ☐ No
10. When was the last time you received health insurance through either of your parents or their employers?
List which parent and the approximate date or your age at the time: _____
11. List your addresses since the age of 18 or since you moved out of your parent(s)' home. Include your relationship to the people who owned or rented the property (parents, aunt, self, friend, etc.) and the dates you lived at each address.

	Your Address	Your relationship to renter/owner	From: (Month/year)	To: (Month/year)
Current:				
Previous:				
Previous:				
Previous:				

12. When was the last time you lived with either parent (include dates or your age at that time)?

13. Which parent did you live with most recently?
☐ Both ☐ Father ☐ Mother ☐ Equally split time between both parents.
14. **If you chose "Equally split time,"** which parent provided more financial support the last time you received financial support?
☐ Father ☐ Mother

You must provide documentation that an extraordinary situation exists with the parent(s) selected above. Please note that since all situations are unique, it may be necessary to collect documentation in addition to the items listed below. If you have any questions about appropriate documentation, please call our office at 410-704-4236.

15. **ALL** students must submit at least **ONE** of the following documents:
(THIS IS THE MOST IMPORTANT PART OF YOUR APPEAL.)
- ☐ Parent's Death Certificate
 - ☐ Statement(s) from Social Services, police reports, or court documents about parental neglect, abuse, or mental health problems.
 - ☐ **Use the "Dependency Appeal Statement Request" form** to request formal statements from two professionals confirming their knowledge of your extraordinary circumstances. Statements should be on official letterhead and from objective third parties (counselor, teacher, social worker, doctor, clergy, or other professionals).
16. Please submit all of the following documents (unless you have already done so). **Check each attached document.**
- If you are unable to obtain all this data, **please call our office** at 410-704-4236 and make an appointment with a Financial Aid Advisor.
- ☐ **Completed** Dependency Appeal Form
 - ☐ Your Birth Certificate or other official document listing the names of your biological or adoptive parents
 - ☐ If you have NOT already done so, please complete the FAFSA on-line at [FAFSA.gov](https://fafsa.gov)
 - Leave all the parental data blank.
 - It will ask you several times if you are sure that you want to leave the parent data blank. Say "yes" every time.

Student Section:

Student Name (Last, First):		TU I.D. #:
Phone Number:	E-mail Address:	
Mailing Address:		

- Use this form to ask **two** objective third parties to submit statements to our office verifying their knowledge of your strained relationship with your parents. Relevant persons include, but are not limited to, school counselor, lawyer, clergy, medical or mental health professional, employer, court or legal official.
- We must receive separate signed request forms and signed statements from both statement providers.
- We will not share this information with the student's parents, and it is protected by federal student privacy laws (FERPA).
- If you have any questions or difficulty meeting these documentation requirements, please call 410-704-4236.

Student Authorization:

I authorize _____ (Name of Person Providing Statement) to release information regarding my relationship with my parents to the Towson University Financial Aid Office. This authorization includes the release of a written statement(s) and my authorization to respond to inquiries from the TU Financial Aid Office regarding this statement(s). This authorization will expire one year from the authorization date and includes any protected health information. I understand that once this information is released to TU it may no longer be protected by the HIPAA Privacy Rule, but that it will be protected by federal student privacy laws (FERPA). I understand that I may revoke this authorization at any time by sending written notification to this reference's office address. However, revocation will not affect information that has already been released and may force the TU Financial Aid Office to cancel my financial aid if they are unable to verify previously received data.

Student Signature: _____ Date: _____

Statement Provider Section:

Federal regulations require this student to provide his/her parent's financial data on his/her application for Federal student aid. This student has asked us to waive this requirement. Please submit a written statement **regarding your knowledge of any problems in this student's relationship with his/her parents.**

What is your relationship to this student? ☐ Relative ☐ Friend ☐ Other: _____

Required Information:

- Your statement must focus on your knowledge of any significant problems in his/her relationship with his/her parents.
- How long have you known this student?
- How did you acquire your knowledge of this student's family situation?
- Use official letterhead, and include your name, professional title, **address**, telephone number, and **signature**.

I understand that if I disclose any information regarding current or previous childhood abuse or neglect, state law requires TU staff to report the information to Maryland's office of [Child Protective Services](#) even if the event(s) occurred many years ago.

I understand that it is a federal crime to intentionally provide false or misleading information in order to receive federal financial aid. Penalties include fines up to \$20,000 or imprisonment for up to five years.

Statement Provider Signature: _____ Date: _____

Statement Providers: You can fax this form and your statement to 410-704-2584 or email attachments to finaid@towson.edu.

Students: Please scan all your appeal documents to a single PDF file and upload them to www.towson.edu/SubmitAidDocs.