

2023-2024 Request for Review of Dependency

STUDENT NAME: Gage Former OSU ID: 500321283
INSTRUCTIONS
If you have extenuating circumstances that you feel warrant a review of your dependency status, you may appeal to be considered independent for financial aid purposes.
You may NOT appeal to be considered independent because your parent(s) refuse to contribute towards your education, are unwilling to provide information on the FAFSA or for verification, do not claim you as a dependent for income tax purposes, or do not financially support you.
Provide a clear and concise explanation of your extenuating circumstances. The statement must be signed and dated. The statement must include:
 Your relationship with your biological and/or legally adopted parent(s) Specific dates of events that caused the separation from both parent(s) including last date of contact
In addition:
 Documentation must be provided to support the extenuating circumstances. This should include court documents, written statements from a third party such as clergy, counselors, and/or social workers, and police reports.
BUCKEYE LINK STAFF MEMBER / FINANCIAL AID STAFF SIGNATURE
This appeal requires initial contact with Buckeye Link at 281 W. Lane Ave., and the appropriate staff signature. Appeals received without the appropriate signature below will be delayed and will not be reviewed until contact is made with Buckeye Link at 614-292-0300.
If you plan to attend a regional campus or the Agricultural Technical Institute (ATI), contact the financial aid administrator at the appropriate campus: Lima, 567-242-7520; Mansfield, 419-755-4317; Marion 740-725-6242, Newark 740-366-9435 and ATI at Wooster, 330-287-1230.
Buckeye Link Staff Member / Financial Aid Staff Signature Date

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: <u>sfa.osu.edu</u> | Fax to: 614-292-9264 Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 *Do not submit this form or any supporting documentation via email.*



2023-2024 Request for Review of Dependency

EXPLANATION	
Please provide a clear and concise explanation of the circumstances pertaining to your appeal: During November of last year (2023) I had a disagreement with my perents that resulted in them no longer allowing me to stay at their home. Since then I've primarily been living at a place in Columbus and have not spoken with them other than at family gatherings.	

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264 Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 Do not submit this form or any supporting documentation via email.

Around late november a couple days before thanksgiving.

Gage needed to come stay with me for a week

because his parents kicked him out. He did find a

place to stay for the semester, but still showers at my

house or the rpac since I don't think his "house"

has a shower. - knelie Johnson



2023-2024 Request for Review of Dependency

CHECKLIST

Please verify the following steps have been completed before submitting:

- I have included my personal statement explaining my circumstances.
- I have attached documentation supporting the extenuating circumstances, including documents from a third party.
- All sections of this form are completed fully and there are no blank fields.

CERTIFICATION STATEMENT

I acknowledge that all of the information provided on this form is complete and correct.

I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

PLEASE DO NOT SIGN ELECTRONICALLY.

Student Signature

Doto

To return this form:

Do not submit this form or any supporting documentation via email.

F4DSAP