

## **UNUSUAL CIRCUMSTANCES 2023-2024**

Please read this form carefully. Filing this form does not guarantee that a change in your status will be approved.

| Last Name   | First Name   |                                     | MI   | Student ID#   |
|---|--|-------------------------------------|--|---|
| Street Address  | City   | State                               | Zip  | Phone #   |
| Death of parent(s) Death of parent(s) An abusive home situat Abandonment by both History of parental alco Incarceration (jail) of th Other extenuating circum |  | or mental well-l                    | peing<br>nformation  |   |
|   | Illowing steps and submit the appropriate  |                                     | -  |   |
| and the basis of your   | F: Attach a written personal statement (pappeal. Your statement will be used onlield in strictest confidence. Please make seen as a papease a papease make seen as a papease make seen as a papease make se    | y to determine if                   | a dependency excep   | otion should be made. This                                |
| appeal. Acceptable s which verifies the fan   | ATEMENT: Attach at least one acceptable ources of documentation includes a signal price of the signal of the signa | ed statement fro<br>onal statement. | m an adult professio<br>Letters must be sigi                       | nal who is not a family member<br>ned originals on agency |
| - Other sch   | uidance Counselor<br>ool official (teacher, professor)   | - Attorne<br>- Medical              | Doctor   |   |
|   | ealth professional, Clergy member<br>bi, Priest, Minister, etc.<br>the Court   | - Professi                          | orcement Officer<br>onal staff of Childre<br>es (Public Assistance |   |
|   | <b>TATION:</b> Attach any other documentation notarized statements from other family entation is attached:   |                                     |  | _   |
|   |  |                                     |  |   |
| <u> </u>  |  | □                                   |  |   |
| have not knowingly or intentionally p   | my personal statement and other documenta<br>provided any false statements or fraudulent do<br>and/or documentation, my eligibility for Feder  | cumentation. I un                   | derstand that if I am fo   | · ·   |
| Student Signature   |  |                                     | Date   |   |
| Approved  | Declined   |                                     | Date   |   |