

Dependency  
Override

# Mid-America Christian University

## Professional Judgment



2024-2025

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID: \_\_\_\_\_

You should complete this form if you are considered a dependent student for federal financial aid and believe you have extenuating circumstances which should allow you to be considered an independent student. The Department of Education and MACU Financial Aid Office **do not** consider the following to be extenuating cases:

- Not being claimed as a dependent on your parent's current year tax return
- Student is self-supporting
- Not residing at the parental residence
- Parent's unwillingness to complete parental sections of the FAFSA

The Department of Education and MACU Financial Aid Office **will** consider the following to be extenuating circumstances that could warrant Independent status:

- Abusive family environment (mental, physical and/or drug abuse)
- Incarceration or institutionalization of parents
- Parental abandonment
- Death of a parent

**If you feel your extraordinary circumstances warrant a change to your dependency status, please complete the following steps for consideration.**

### **STEP 1: Complete FAFSA**

1. Complete the 2024-2025 FAFSA application at <https://studentaid.gov/h/apply-for-aid/fafsa>

### **STEP 2: Personal Statement**

**Attach a personal statement which includes the following:**

- The nature of your relationship with both your mother AND your father
- The location of both parents and when you last had contact with them.
- Why you cannot obtain information and/or support from your parents
- Who you have been supported by (if not parents) and for how long

### **STEP 3: 3<sup>rd</sup> Party/Professional Statement**

**Attach at least 2 letters from 3<sup>rd</sup> party adult individuals not related to you who can personally attest to the circumstances warranting this appeal request. Please note:**

- At least 1 letter (on professional letterhead) must be from a professional, such as a guidance counselor, physician, social worker, licensed therapist, clergy person or church administrator, or other individual who has been involved in your circumstances in a professional capacity.
- All letters must include details as to how the person knows you, how long they have known you, and how they have been involved, or have first-hand personal knowledge of your situation.
- The individuals submitting letters cannot be related to one another, nor can they reside at the same address. They must include their telephone number and address where the individual can be reached for follow up questions.

### **STEP 4: EXPENSES**

**Indicate who pays for each expense listed in the chart below:**

<b>Expense</b>	<b>Resource (who paid for the expense)</b>
Rent & Utilities	
Internet	
Cell Phone	
Food	
Transportation (car payment & insurance)	
Medical (health insurance)	

### **STEP 5: STUDENT CERTIFICATION**

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Return the completed form with the required documentation to the Financial Aid Office.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT MACU**

Email: [financialaid@macu.edu](mailto:financialaid@macu.edu)

Fax: 405-692-3204

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Page 2

*We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.*

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Denied**

**Reviewed By:** \_\_\_\_\_

\_\_\_\_\_ **Old EFC**    \_\_\_\_\_ **New EFC**

**Date:** \_\_\_\_\_

**Rationale:**