



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Professional Judgment for Unusual Circumstances 2025-2026

Section 480(d) of the Higher Education Act of 1965, as amended (HEA), defines an independent student as someone who fits into one or more of the specific categories below. Under these categories a student is independent if he or she –

- (1) Was an orphan, in Foster Care or a Ward of the Court at any time from the age of 13;
- (2) Is or was an emancipated minor or in legal guardianship when the student reached the age of majority in their state;
- (3) Is 24 years of age or older by December 31 of the award year;
- (4) Is a veteran of the Armed Forces of the United States;
- (5) Is currently Active Duty of the Armed Forces of the United States for purposes other than training;
- (6) Is a graduate or professional student;
- (7) Is a married individual (not separated); or
- (8) Has legal dependents other than a spouse –
 - a. Have children who receive more than half their support from you.
 - b. Have legal dependents who live with you and receive more than half their support from you.
- (9) Were determined to be an unaccompanied homeless youth at any time since July 1st of the prior award year

STUDENT INFORMATION:

Student ID: N00_____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: () _____ Email: _____@student.friends.edu
(Friends Financial Aid will only respond to your student email)

If you do not qualify as an independent student under federal guidelines and believe that you have *unusual circumstances* that justify a review, then you may appeal. The financial aid administrator will review your request and documentation and determine if a change is warranted. Federal definition has determined your dependency status as “dependent”. Completion of this form initiates your request to have your situation and documentation reviewed.

Unusual Circumstances MAY Include:

1. No contact with parent(s)
2. Student does not know the whereabouts of parent(s)
3. Unsafe home environment
4. Student is at risk of homelessness



FRIENDS
UNIVERSITY

**Financial Aid
Professional Judgment for
Unusual Circumstances
2025-2026**

Circumstances which DO NOT qualify as unusual are:

1. Student demonstrating total self-sufficiency
2. Parents refusing to contribute to the student's education
3. Parents unwilling to provide information on the application or for verification
4. Parents not claiming the students as a dependent for income tax purposes

The following is a required list of documentation needed to begin the appeal process. Additional documentation may be requested, if needed:

1. Personal statement explaining independent status. Describe family circumstances including dates, time frames, living arrangements and other information. The following information should be included in your statement:
 - a) Describe your relationship with your parents
 - What are the detailed reasons for the break in the student-parent relationship
 - Include dates and time frames
 - b) Is the break in the student-parent relationship temporary or ongoing in nature
 - c) Is the student estranged from both parents
 - d) Location of both parents and when you last had contact with them
 - Include dates and time frames
 - e) Why you cannot obtain information and/or support from your parents
 - f) How you have been supporting yourself, your living arrangements, who paid the bills and who bought food
2. Two third party statements from someone familiar with your situation such as a counselor, teacher, coach, minister, mental health counselor, attorney, etc.
 - The statement should include as much information regarding the students' situation as possible, citing time frames and dates, if known.
3. Signed and dated copy of federal tax forms from the previous year.
4. Other appropriate documentation (include your student ID on all documents).
5. Please check your student email for correspondence from our office.



FRIENDS UNIVERSITY

Financial Aid Professional Judgment for Unusual Circumstances 2025-2026

Student Information

1. When was the last time you:
- | | | |
|--------------------------|----------------|----------------|
| a. lived with | Parent 1 _____ | Parent 2 _____ |
| b. had contact with | Parent 1 _____ | Parent 2 _____ |
| c. received support from | Parent 1 _____ | Parent 2 _____ |

Current Income - Provide your average monthly income and identify the source(s) by name of employer and/or provider.

INCOME

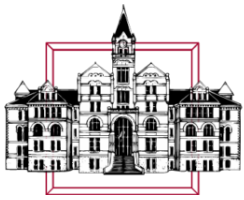
TYPE OF INCOME	AMOUNT PER MONTH	SOURCE OF INCOME
Wages	\$	
Savings/Investments	\$	
Unemployment Benefits	\$	
Social Security Benefits	\$	
Welfare Benefits	\$	
Cash	\$	
Other (Specify)	\$	

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

EXPENSES

TYPE OF EXPENSE	MONTHLY COST	SOURCE OF PAYMENT
Housing	\$	
Utilities	\$	
Transportation	\$	
Miscellaneous	\$	
Education	\$	
Other (Specify)	\$	

By signing this form, to the best of your knowledge all the information provided for this appeal is true and complete.



FRIENDS UNIVERSITY

Financial Aid Professional Judgment for Unusual Circumstances 2025-2026

Student Certification

By signing below, I certify that:

- The information submitted for review is true and correct to the best of my knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- The status of the request will be emailed to my student email address.
- I have read each section and have provided the required documentation. I understand that more documentation may be required.

Student Signature: _____

Date: _____

Typed signatures cannot be accepted.

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. **Please be sure and encrypt any email that contains personal identifiable information (PII).** We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.



FOR OFFICE USE ONLY:

Date PJ Received: _____ **Date PJ Reviewed:** _____

Reason for PJ: No Contact with Parent(s) _____ Unsafe Home Environment _____

Student Does Not Know the Whereabouts of Parent(s) Expense _____

Student is at Risk of Homelessness _____ Other _____

PJ Special Unusual Circumstances Results:

Approved _____ Denied _____

Reviewed by: Print Name and Title of Financial Aid Staff _____ Date _____