



Financial Aid Office
360 Choate Avenue
Buffalo, NY 14220
716.826.1200

First Name: _____ Last Name: _____ Student ID _____

Provisionally Independent

You did not report information about your parents because you indicated that you have an unusual circumstance which should allow you to be considered an independent student. **Please note that not being claimed by your parents on tax forms, not living with your parent(s) or being financially independent does not make you an independent student for purposes of applying for federal student aid.** Documentation received by Trocaire Financial Aid will be kept confidential. A financial aid advisor will review your documentation and notify you of the results within two weeks of all necessary documents being received.

Documents

1. Submit a detailed personal statement on your extenuating circumstance that warrants your independent status. The statement needs to include the nature of your relationship with both your parents, including their location and when you were last in contact with them.
2. Submit two signed letters of support (at least one on official letterhead) from outside entities that have knowledge of your circumstance. A phone number and address should be included so the individual can be reached for follow-up questions.
 - Some examples of outside entities include guidance counselor, social worker, physician, therapist, educator, and clergy person.
3. Any other pertinent documentation that supports your circumstance (i.e. Court documents, police report, medical documentation etc.)

Certification and Signature - Please **handwrite** your signature. Typed Signatures cannot be accepted.

I certify that all the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all extenuating circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval for independent status. Decisions are final and will be communicated to the student. This form only applies to federal aid. It cannot be used to change state aid programs such as TAP, Part-time TAP, APTS, etc.

Student Signature: _____ Date: _____

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