

# EMPORIA STATE UNIVERSITY

FINANCIAL AID, SCHOLARSHIPS & VETERANS SERVICES

## Provisional Independent Request Form 2025-2026

Submit securely online: [secure-upload.emporia.edu/sites/finaid/](https://secure-upload.emporia.edu/sites/finaid/)  
Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415  
P: (620) 341-5453  
F: (620) 772-9205  
[finaid@emporia.edu](mailto:finaid@emporia.edu)

Student Legal Name: \_\_\_\_\_ E-Number: \_\_\_\_\_

Students who are under the age of 24 are required to provide parental data on the Free Application for Federal Student Aid (FAFSA), however, you indicated that you have unusual circumstances. Your FAFSA is incomplete until you provide additional supporting documentation of your status. Financial Aid Office makes a final determination on your dependency status and the decision cannot be appealed.

Per federal regulations, a student may be experiencing unusual circumstances if they:

- Left home due to an abusive or threatening environment.
- Are abandoned by or estranged from their parents.
- Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country.
- Are a victim of human trafficking.
- Are incarcerated, or their parents are incarcerated, and contact with the parents would pose a risk to the student; or
- Are otherwise unable to contact or locate their parents.

*If the student does not have a safe, stable place to live, they may be considered a homeless youth and should review the answer to question 6 about being unaccompanied and homeless by logging back into their FAFSA and submitting a correction.*

### Required Documentation:

The following items must be submitted with this form, incomplete petitions will not be reviewed.

- A typed letter explaining your circumstances (signed & dated). The letter must explain (1) the reason why you are requesting a dependency override, (2) the current status of your relationship with your parents, and (3) indicate with whom you are currently residing and how you paid for your living expenses (including health/car insurance, etc.). Attach supporting documentation.
- Complete the Independent Verification Worksheet for the academic year in which this request is based.
- Two sources of supporting documentation from a third party (i.e. minister, social worker, psychologist, counselor, foster parents, school official, court official, etc.) Letters should be signed/dated, and on an official letterhead when applicable. One source may come from a personal reference (i.e. foster parent, grandparent, aunt/uncle, etc.). If you have any legal documents that support your situation, submit copies to our office.

### Student's Certification:

By signing this form, I certify that all information provided for this petition is correct and true to the best of my knowledge. If asked by an authorized official, I agree to provide proof of information that I have indicated on this form. I realize that if I do not give proof when asked, or if I provide information in future years that invalidates this information, further eligibility for financial aid may be revoked and I may owe monies in return.

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

\_\_\_\_\_  
Date

\*Electronic and typed signatures are not acceptable.

*Attach copies of all requested documents when submitting this form. Documents between July 1, 2025, and August 31, 2025, may take longer to process. Failure to comply to this request within 60 days after initial submission will cause case to be closed.*

\*\*\*Office Use Only\*\*\*

Based on documentation submitted by the student, this request is:      Approved / Denied. (circle one)

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_