



2009-2010 DEPENDENCY REVIEW

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2009-2010 DEPENDENCY REVIEW

Student Name: _____
 Campus _____ Day Time _____
 ID: _____ Phone Number: _____

Address: _____
 Street Address _____ Suite # _____
 City _____ State _____ ZIP Code _____

PLEASE COMPLETE WITH BLACK INK

Eligibility for assistance is based on the premise that students and their parents share the primary responsibility for paying for higher education. In extreme hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent, but who has unique and extenuating circumstances that prevent contact with his/her parents.

This will apply to situations where the student's physical or emotional welfare is jeopardized by contact with the parent. In such cases, the student must complete this form and provide written documentation from a third party professional (counselor, social worker, therapist, member of the clergy).

DIRECTIONS:

- Complete and sign this form.
- Please provide an attached statement and have a third party professional sign this form to verify and document your situation. See following page for examples of third party professionals.
- If you haven't already done so, please complete a FAFSA on www.fafsa.ed.gov and indicate you are unable to provide parental information on the Dependency Status Worksheet .
- In your own words, please provide a detailed statement on a separate sheet of paper describing the unusual circumstances, events, family situation, which have lead to separation, and estrangement from your parents.

If you are determined to be Independent by the Financial Aid & Scholarship Office, you will receive notice from our office. If clarification of your situation is necessary, the office may request additional information or documentation. If you have questions, please contact the Financial Aid & Scholarship Office to discuss your situation with an Advisor.

Parents:	Mother	Father
Name:		
Address		
Phone:		
When was the last time you lived with your parents?		
Mother		
Father		
When was the last time you had any contact with your parents?		
Mother		
Father		
When did your parents last provide you with any form of support parents? (e.g. medical and/or auto insurance, money, housing). Indicate type of support, and month/date support received.		
Mother		
Father		

1. What are your present living arrangements? *Explain with whom you have lived, how much rent you currently pay, and how long you have been paying your own rent.*

2. Explain how you support yourself and pay your living expenses, transportation expenses, college expenses?

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENT(S), OR RECEIVE SUPPORT FROM THEM, I MUST REPORT THIS IMMEDIATELY TO THE FINANCIAL AID OFFICE. I understand that purposely falsifying information may lead to the cancellation of my aid and prevent me from receiving financial aid in future academic years.

Student's Signature

Date

THIRD PARTY PROFESSIONALS

Examples of third party professionals include such persons as teachers, counselors, clergy, social workers, social service personnel, court officials, and police officers.

The information provided by the student must be verified by a third party professional, who is aware of the student's situation, and can corroborate the facts presented. As the third party professional, you will need to provide a written statement that supports the situation described by the student. The statement should include a clear description of the student's special or unusual circumstances and an explanation of how you have knowledge of this situation.

Please attach a separate statement to this form and sign the following certification.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND I HAVE ATTACHED A WRITTEN STATEMENT SUPPORTING THE STUDENT'S STATEMENT ABOVE.

Signature _____ Agency/Organization _____
Name (print) _____ Address _____
Title _____ City/State _____
Date _____ Phone # _____ Relationship to Student _____

SECTION III: FINANCIAL AID OFFICE

PROFESSIONAL JUDGMENT DECISION: This student is: _____ INDEPENDENT _____ DEPENDENT

Rationale for Decision:

Staff Signature

Title

Date