

# School Year 2021-2022

## FINANCIAL AID OFFICE

### REQUEST FOR REVIEW OF DEPENDENCY STATUS

**NOTE:** Being considered independent does not automatically make you more eligible for financial aid.  
**You may actually have more financial aid eligibility as a dependent student.**

A financial aid administrator makes a documented determination of independence by reason of unusual circumstances. Changes are for ONE YEAR ONLY and for this school ONLY.

#### UNUSUAL CIRCUMSTANCES

The Financial Aid Office may be able to change your dependency status if unusual circumstances exist that make it impossible for you to have contact with your parents. Examples of unusual circumstances are:

- a parent is in prison or is hospitalized on a permanent basis
- there has been physical, sexual, or mental abuse by one or both parents
- the family situation involves alcohol or drug abuse

If your family situation involves an unusual circumstance such as those described above, you may request a review of your dependency status. All requests will be reviewed by the Financial Aid Office however, **not all requests are granted. All decisions are final.**

#### REQUIRED DOCUMENTATION

In order for the Financial Aid Office to consider your request to review your dependency status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms. Do not leave any questions blank. If any part of this form is left blank, it will be denied.

- A personal statement of explanation (be specific), and
- Completion of "Student's Statement of Information".

#### AND

- Any other applicable documentation. \*Applicable documentation may include a police report, court documents, hospitalization records, etc.

**SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE**

## NOT ALL REQUESTS ARE GRANTED

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## FINANCIAL AID OFFICE

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

*Last First Middle Initial*

[illegible]

## 2

**School Year 2021 -2022**  
**FINANCIAL AID OFFICE**  
**STATEMENT OF INFORMATION**

(TO BE COMPLETED BY THE STUDENT - DO NOT LEAVE ANY QUESTIONS BLANK)

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
*Last First Middle Initial*

**Student School Email Address:** \_\_\_\_\_

1. Where are your parents currently residing?

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

2. When is the last time you:

a. Received support from Mother \_\_\_\_\_ / \_\_\_\_\_ Father \_\_\_\_\_ / \_\_\_\_\_  
*month year month year*

b. Lived with Mother \_\_\_\_\_ / \_\_\_\_\_ Father \_\_\_\_\_ / \_\_\_\_\_  
*month year month year*

3. Why are your parents unable to provide support or information? (If you need more space attach a sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How have you supported yourself since you left your family? (if you need more space attach a sheet. .)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What was your income and/or resources in the last three years? Please attach your tax returns.

	2018	2019	2020
Income/Wages	_____	_____	_____
Savings	_____	_____	_____
Benefits (SSI, GR, etc.)	_____	_____	_____
Financial Aid	_____	_____	_____
Cash Support from Others	_____	_____	_____
Other: (attach a sheet)	_____	_____	_____

**CERTIFICATION:** I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **I understand that I must report changes of the above information to the Financial Aid Office.**

\_\_\_\_\_  
*Student's Signature*

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