

CHATFIELD COLLEGE
APPLICATION FOR CHANGE OF DEPENDENCY STATUS

NAME: _____ **SSN:** _____

DATE OF BIRTH: _____

Due to changes in the financial aid application process, students may wish to request to have their dependency status reviewed by the Financial Aid Office. In order to be eligible for consideration, students must meet certain criteria and provide specific documentation. These criteria are outlined here.

Students should follow these steps in the appeal process:

1. Request the application for CHANGE OF DEPENDENCY STATUS from the Financial Aid Office before completing the Free Application for Federal Student Aid.
2. Complete the CHANGE OF DEPENDENCY STATUS application and collect the necessary documentation.
3. Contact the Financial Aid Director for an appointment to discuss the appeal. The decision of the Financial Aid Director is final.

SECTION A: Check the circumstances, which apply to you and attach the requested documentation.

- _____ Student was previously married and is now divorced and NOT living with either parent, but is under the age of 24 and self-supporting. Document this by providing proof of legal separation or divorce and proof of a rental agreement.
- _____ Student has no parental contact due to serious family problems (such as abuse). This must be a COMPLETE lack of contact with the parents. Document this by providing two third-party witness statements and a student statement describing the relationship with the parents and proof of student income for the last two years.
- _____ Student was previously considered a ward of the court, but since has turned 18. Document this by providing proof of prior ward of the court status.
- _____ If there is another situation which you feel should make you eligible for independent student status, please explain the circumstances in complete detail on a separate piece of paper. Submit appropriate documentation to verify the situation.

SECTION B: STUDENT CERTIFICATION

My signature below certifies that the information and documentation is true to the best of my knowledge. Should this information change, I will contact the Financial Aid Office.

Student's Signature _____ Date _____

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For Office Use Only

Approval of Financial Aid Director _____ Date _____