

2023-2024 REQUEST FOR DESIGNATION AS AN INDEPENDENT STUDENT

| Name | | ID (REQUIRED) | | | | | |
|--|--|---|--|--|--|--|--|
| Phone | | Email | | | | | |
| designation as Each case will apply for the o student has i | s an <u>Independent</u> stu Il be decided on an il change to be conside not been listed as a | I be designated as <u>Dependent</u> on their Federal Student Aid Report may request udent by completing this form and bringing it directly to the Financial Aid Office. Individual basis, but in most cases one of the circumstances listed below must be ered. A parent's choice not to provide support for college; the fact that the parental income tax exemption; or the fact that the student has moved NOT qualify a student for Independent status. | | | | | |
| circumstance | e below that applie | r a change in status to an "Independent" student designation, mark the s to you and complete the requested information. Bring this application entation to the Financial Aid Office. | | | | | |
| | You have already | applied for financial aid for 2023-2024 and since that time a parent has died. | | | | | |
| | Date of death: | | | | | | |
| | Where is your oth | ner parent? | | | | | |
| | Documentation: | Death Certificate | | | | | |
| | All normal family contact has been terminated between you and your natural parents. | | | | | | |
| | Date of termination of contact | | | | | | |
| | Documentation: | Write a confidential letter explaining the circumstances, and provide the name and address of a related adult, AND have a professional counselor (school counselor, case worker, psychologist, court officer, attorney, pastor, etc) who can certify to the circumstances you describe write a letter verifying your circumstances (See back page) | | | | | |
| | You have lived with a family member or another responsible adult other than your parents for at least two years; and have not been supported by either parent during that time | | | | | | |
| | Date of moving in with other adult | | | | | | |
| | Documentation: | Provide a letter from the adult or family member, certifying that you have lived with them on a continuous basis for at least two years, and that that person has supported you during this time without parental support | | | | | |
| | | Provide a letter from a professional counselor (see examples above) that certifies that the above circumstances are true. | | | | | |
| | your husband's p | narried (but are now divorced) and lived in a household apart from your or arents; you filed income taxes or received documented personal income of during 2022; you will continue to have such income from a source other than a 2023. | | | | | |

| Docu | ımentation: | Copy of 2022 to Documentation or rent receipts to the dates the | n of a separa s for all of 20 | te household 23; or staten | d during 2023 | (e.g. utility | | | |
|---|---|---|----------------------------------|-------------------------------|-----------------|---------------|--|--|--|
| Other | Other unusual circumstances (Please describe) | | | | | | | | |
| | | | | | | | | | |
| I certify that the above description of my circumstances, and any attached documentation, is true and valid, and I give permission to the individuals listed below to provide to the Shawnee Community College Financial Aid services office information about my family situation. I understand that such information will be used to support my application for financial aid as an independent student and will at all times be kept confidential. | | | | | | | | | |
| Student Signature: | | | | | | Date: | | | |
| | h, school, co ur family situ | urt, or social se | ervice agency | capacity. W | Ve will ask the | ese people | | | |
| RELATIONS | HIP TO STU | DENT | | | | | | | |
| NAME | | | | | | | | | |
| ADDRESS _ | | | | | | | | | |
| TITLE _ | | | | | | | | | |
| PLACE OF E | MPLOYMEN | IT | | | | | | | |
| | | For O | ffice U | se Onl | У | | | | |
| | Ар | proved | Di | sapproved | d | | | | |
| Comments | | | | | | | | | |
| Signatura | | | | | |)ato | | | |