



**Gavilan College
Financial Aid Office
Request for Dependency Review 2008 – 2009**

Dependency Status Guidelines

According to the U.S. Department of Education, when you apply for Federal Student Aid, your answers to certain questions will determine whether you are considered dependent on your parents or independent. If you are considered dependent, your parents' income and assets as well as your own must be reported on the FAFSA. If you are independent, you will report only your income and assets (and those of your spouse, if you're married). The following do not necessarily classify you as independent: not living with your parents; parents refuse to share federal income tax and/or assets information.

Students are classified as dependent or independent because Federal Student Aid programs are based on the principle that students (and their parents, if dependent) (and spouse, if student is married) are considered the primary source of support for postsecondary education.

For the 2008-2009 academic year, you are an independent student if at least one of the following applies to you:

- You were born before January 1, 1985
- You are married
- You are or will be enrolled in a Master's or Doctoral program (beyond a Bachelor's Degree) during the 2008-2009 school year.
- You have dependents (other than your children or spouse) who live with you and who receive more than half their support from you and will continue to receive more than half their support from you through June 30, 2009.
- You are an orphan or ward of the court (or were a ward of the court until age 18)
- You are a veteran of the U.S. Armed Forces. Veteran status includes students who attended a U.S. service academy and who were released under a condition other than dishonorable.

In unusual cases, the Financial Aid Office can determine if a student who does not meet the above criteria should still be treated as an independent student. The Financial Aid Office can change your dependency status if circumstances warrant it based on the documentation you provide. However, the Financial Aid Office will not automatically do this. **This decision is based on judgment made by the Financial Aid Office and is considered final. Decisions cannot be appealed to the U.S. Department of Education.**

If you believe that your circumstances warrant consideration for a change to your dependency status complete and submit the attached forms with a completed 2008-2009 FAFSA to the Gavilan College Financial Aid Office.



**Gavilan College Financial Aid
Student Request for Review of Dependency Status**

2008-2009

Name: _____ SS# _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Student's Statement of Unusual Circumstances

1) When is the last time you had contact with Mother _____ / _____ Father _____ / _____
Month Year Month Year

2) Please explain why you are unable to provide parental information.

3) How have you supported yourself without financial support from your parent(s)?

I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THE STATEMENT IS TRUE AND CORRECT.

Student Signature

Date

2008-2009
Support for Request of Dependency Review

To be completed by someone who is aware of your circumstances such as a Minister, Social Worker, High School Counselor or Teacher, etc.

The student named in this form has applied for financial aid at Gavilan College and has indicated to our office that she/he is unable to provide parental information due to unusual circumstances.

Name of Student: _____

Please provide a brief statement regarding your knowledge of the student's history as it relates to her/his statement on this form.

Why do you believe that the student is unable to provide parental information for financial aid purposes?

When is the last date you are aware of that the student had contact with her/his parents?

_____/_____
Month Year

How long have you known the student? _____

What is your relationship to the student? _____

Your Name (Please Print): _____

Your Phone Number: _____

Signature Date

**2008 – 2009
Financial Aid Office
Review of Dependency Override**

Reviewed by (print):

_____ **Date:** _____

Staff Signature

Approved by: _____ **Date:** _____

Denied by: _____ **Date:** _____

Comments:
