Dependency Status Guidelines
According to federal regulations, when you apply for Federal Student Aid, your answers to certain questions will determine whether you are considered dependent on your parents or independent of your parents. If you are considered dependent, your parents’ income and assets as well as your own must be reported on the Free Application for Federal Student Aid (FAFSA). If you are independent, you will report only your income and assets. 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, are considered the primary source of support for postsecondary education.

For the 2010 – 2011 aid year, applicants are considered an independent when at least one of the following is met. The student (is/has)

2. Married.
3. Working on a master’s or doctorate program (such as MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)
4. Currently serving on active duty in the U.S. Armed Forces for purposes other than training.
5. Veteran of the U.S. Armed Forces.
6. Children who will receive more than half of their support from you between 7/1/10 and 6/30/11.
7. Dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now through 6/30/2011.
8. At any time since you turned age 13, both of your parents were deceased, you were in foster care or you were a dependent or ward of the court.
9. You are or were an emancipated minor as determined by a court in your state of legal residence.
10. You are or were in legal guardianship as determined by a court in your state of legal residence.
11. At any time on or after 7/1/09, your high school or school district homeless liaison determined you were an unaccompanied youth who was homeless.
12. At any time on or after 7/1/09, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless.
13. At any time on or after 7/1/09, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

The Financial Aid Office may use professional judgment to change your dependency status if circumstances warrant it based on the documentation you provide. If you would like for the Financial Aid Office to review your dependency status because you have extenuating circumstances, please review and complete this packet. Submit this completed packet along with your 2010-11 completed FAFSA. You will be notified in an email regarding the decision of your request. The final 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.
Student Request for Review of Dependency Status 2010 – 2011

Name:________________________________________  Gavilan ID:____________________
SSN:__________________________________ Age:_______ Date of Birth:__________________
Address:__________________________________  City/State:__________________ Zip:_________
Email:_____________________________________________________________________________

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 this statement is true and correct. I
further understand this request is a one – year request and that if approved, I am approved for
the 2009 – 2010 aid year.

________________________________________________________ ______________________
Student Signature         Date
2010 – 2011 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 extenuating circumstances.

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
2010 – 2011
Financial Aid Office Review

Student Name:___________________________________  Gavilan ID:_______________________

This “Request for Dependency Review” was reviewed by:

_____________________________________________

Print

_____________________________________________

Title

Decision:

☐ Approved for 2010 – 2011
   FAFSA submitted via FAA Access on:______________  EFC = __________

☐ Denied for 2010 – 2011

Comments regarding denial:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Student notified via email on:______________

Copy of email is attached.

*Retain this Request packet, completed FAFSA, copy of email

All steps followed by:

_____________________________________________  _____________________
Staff Signature       Date

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