Gavilan College – Financial Aid Office
Request for Dependency Review 2009 – 2010

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 (and those of your spouse, if you are 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 or their spouse, if student is married are considered the primary source of support for postsecondary education.

For the 2009 – 2010 aid year, you are an independent student when you meet at least one of the following:

1. You were born before January 1, 1986.
2. You are married.
3. You are or will be working on a master's or doctorate program (such as MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)
4. You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
5. You are a veteran of the U.S. Armed Forces.
6. You have children who will receive more than half of their support from you between 7/1/09 and 6/30/10.
7. You have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now through 6/30/2010.
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 7/1/08, your high school or school district homeless liaison determined you were an unaccompanied youth who was homeless.
12. At any time on or after 7/1/08, 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 7/1/08, 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 2009 – 10 completed FAFSA. You will be notified in writing regarding the decision of this review. 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.
Gavilan College – Financial Aid Office
Student Request for Review of Dependency Status 2009 – 2010

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

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  
understand this request is a one – year request and that if approved, I am approved for the  

________________________________________________________ ______________________
Student Signature         Date
2009 – 2010 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.

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
Student Name: ____________________________  Gavilan ID: _______________________

This “Request for Dependency Review” was reviewed by:

_____________________________________________

Print

Title

Decision:

☐ Approved for 2009 – 2010 on as of

☐ Denied for 2009 – 2010 as of

Comments:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Student notified via mail on: ___________

Copy of letter is attached.

*Rretain this Request packet, completed FAFSA, copy of notice.*

All steps followed by:

______________________________  _______________________

Staff Signature                  Date