



OFFICE OF FINANCIAL AID\* 900 DAISY BATES DRIVE\* LITTLE ROCK, AR 72205 \* (501) 370-5350\* FAX: (501) 370-5357

## 2010/2011 Request for Dependency Status Change

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

A student's dependency status is determined in accordance with federal regulation. Over the years, Congress has repeatedly emphasized their belief that the education of a child is a family responsibility. This means that parents, as well as the student, should share in the cost of education. The definition of a dependent student reflects this principle. A student may be changed from dependent to independent when **documented** unusual or extenuating circumstances exist.

It is not appropriate to change from dependent to independent simply because a student is self-supporting or will not be eligible if considered dependent. ***Federal guidelines prohibit financial aid administrators from considering a student independent solely on the basis of the student's being self-supporting. In addition, a change will not be granted because the parents are unwilling to provide financial data or support.***

**Unusual Circumstances that will be considered include:** check one

- Abandonment that may be documented by a state agency or other official
- Abusive situation in the home that has caused the student to leave home and may be documented by a state agency, other official or professional
- An otherwise dependent student has previously been legally married and is now separated or divorced and has maintained their own residence and support.
- Other. Briefly explain:

**Personal Statement, Questionnaire and Documentation:**

1. Write a detailed letter of explanation outlining your circumstance.
2. Complete the following questionnaire.
3. Provide three (3) additional letters from adult professionals verifying the circumstances outlined in your statement. The letters must be on letterhead and must include a complete address and phone number. Please note that the PSC financial aid staff may contact the individuals providing letters to verify or clarify the information provided.

**Return this document, the questionnaire and the required documentation to:**

Financial Aid Office, Philander Smith College  
Cox Administration Building, Room 110  
Little Rock, Arkansas 72202

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For FAO Use Only: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
F.A. Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Continuation of Request for Dependency Status Change  
Questionnaire  
Page 1 of 2**

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Please answer all of the following questions, sign your name and return to our office with your documentation. Attach an additional sheet if necessary.

1. Where do you currently live?
2. Who do you currently live with?
3. Do you drive or own a vehicle?
4. What is the current amount and source of your income (taxed or untaxed)?
5. How much do you pay **monthly** for:
  - Food \_\_\_\_\_
  - Shelter \_\_\_\_\_
  - Clothing \_\_\_\_\_
  - Car Payments \_\_\_\_\_
  - Car insurance \_\_\_\_\_
  - Medical insurance \_\_\_\_\_
6. Are your parents living?
7. If your parents are living, where do they live?
8. If your parents are living, are they married to each other, separated or divorced?
9. What contact do you have with your parents?
10. When was the last time you spoke with one of your parents?
11. When was the last time you lived with one of your parents?
12. What do you think your parents would say about their relationship with you?
13. Are you carried on your parent's insurance programs (medical, dental, vehicle, etc.)?

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date