

Dependency Review
20____ / 20____

Student's Name

YTC ID

In order to review your request to be treated as an independent student for financial aid purposes, you must provide our office with documentation to support this request. This documentation must include information about your biological (or adoptive) parents, a letter from you (the student) explaining your circumstances, and at least two letters affirming your circumstances, **one of which must be from a third-party**. All information collected by our office will be kept confidential. Please contact us if you have any questions regarding this request.

Step 1: Please respond to the following items.

1. Indicate the whereabouts of your biological (or adoptive) parents and their current living arrangements. _____

2. When did you last have contact with your biological (or adoptive) parents? _____

The following do not qualify as an unusual circumstance:

1. *Parents refuse to contribute to the student's education.*
2. *Parents are unwilling to provide information on the FAFSA or for verification.*
3. *Parents do not claim the student as a dependent for income tax purposes.*
4. *Student demonstrates total self-sufficiency.*

Step 2: Student Letter of Explanation

Attach a letter explaining, in detail, why you cannot/did not provide information about your biological (or adoptive) parents on your financial aid application. Please include your YTC ID and your signature on the letter.

Step 3: Collect Supportive Documentation.

1. Two letters must be completed by an individual familiar with your situation (relative) and by a third-party (e.g. school counselor, healthcare provider, community intervention agency, social worker, police, clergy, etc.).
2. Attach any other documentation (court documents, custody papers, police reports, etc.) which you feel will help explain and support your request.

Step 4: Sign and date this form.

Student Signature: _____ Date: _____

Step 5: Return all materials.

Return this form and all other materials to the Financial Aid Office. Once all materials have been received and reviewed by our office, you will be notified of the results and of any other actions you must take, if necessary.

.....*Office Use Only*.....

Counselor Approval: _____ Date: _____