

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

## 2024-2025 NATIONAL PARK COLLEGE

### REQUEST FOR REVIEW OF DEPENDENCY STATUS

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the financial aid definition, your aid is determined by using parent income and asset data in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to unusual circumstances, students should not be considered as dependent. If you can document why you should be considered independent for an unusual reason, you may petition for a waiver of federal regulations requiring parental information. Examples of unusual circumstances are:

- A parent is in prison or is hospitalized for an indefinite period of time
- You have been physically, sexually, or mentally abused by one or both parents
- You were abandoned by your parents.

#### Required Documentation:

In order for our office to consider your request for a review of your dependency status, we need personal information and documentation of your family circumstances.

- **A PERSONAL LETTER OF EXPLANATION**
- **Completion of two (2) "Affidavit in Lieu of Parent Information" from a third party (e.g., other adult relatives, clergy, teachers, counselors, or social workers who will verify your situation), forms attached**
- **Legal documents if court proceedings were involved**

Any additional information you wish to submit may be written on the back of this page.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN STATEMENTS IS TRUE AND COMPLETE.

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Student Id or Social

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Decision

Reason for Decision (*To Be Completed by the Director of Financial Aid*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if you have previously been approved on a Dependency Override with NPC and your circumstances have not changed.

Student's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Affidavit In Lieu of Parent's Information**

(To be completed by a third party)

The student named above has indicated in his/her application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

A. How long have you known the student? \_\_\_\_\_

B. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

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

D. When is the last date you are aware of that the student:

Received financial support from parents \_\_\_\_\_

Lived with parents \_\_\_\_\_

E. How is the student currently supporting himself/herself?

**Declarant's Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE.**

**Signature of Declarant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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(To be completed by a third party)

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**Declarant's Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE.**

**Signature of Declarant:** \_\_\_\_\_

**Date:** \_\_\_\_\_