

IVY TECH COMMUNITY COLLEGE
Financial Aid Office
Request for Dependency Status Review Form
2024-2025

Student Name	Student ID # C		
Address			
City			
DEPENDENCY STATUS  The underlying principle of need analysis for federal financial aid is that parchild(ren) to the extent they are able. The analysis measures ability to parthat have caused a break in the normal parent/child relationship, or if you the financial aid office to have your status reviewed. The unwillingness of aid application or to financially support your education, or your unwilling NOT an acceptable reason to appeal your dependency status. Having sur considered an extenuating circumstance for determining dependency status.	y, not willingness. If there are gone in have married since filing your fyour parent(s) to provide par gness to seek financial assistation from the pay your of the pay your o	extenuating circumstances FAFSA, you may appeal to ental data on your financial nce from your parent(s) is	
REQUESTS FOR REVIEW  It is important to understand that a student who is declared independent independent by <i>professional judgment</i> at this college only. Also note that financial aid eligibility. You will be notified of the decision on your Mylvy adays after submitting your documentation to the Financial Aid Office.	this review could potentially d	lecrease your student	
INSTRUCTIONS:  Step 1: File the Free Application for Federal Student Aid (FAFSA)  Step 2: Complete this form in its entirety.  SECTION 1: REASON FOR DEPENDENCY REVIEW	for 2024-25.		
If one of the following circumstances applies to your situation, please chec		e required documentation.	
(Additional documentation may be requested.) INCOMPLETE FORMS WILL NOT BE PROCESSED.			
[ ] Both parents/adoptive parents are deceased. Submit documents list   Copy of the death certificates.	ted below:		
[ ] My custodial parent has died and the other parent is still living. Subtour Copy of the death certificate of the deceased custodial parent Documentation of the custodial relationship (for example, a court evidence the deceased was the custodial parent)  □ Letter from you explaining the relationship you currently maintain Letter from an objective third party (i.e. minister, social worker, colletterhead that supports the nature of your current relationship to the custodial parent party (i.e. minister).	t document, a copy of the divor n with your surviving parent ounselor, teacher, doctor, or o		
[ ] I have been separated from my parents due to an unsafe home environments of the physical abuse, emotional abuse, or drug and/or alcohol abuse.) Sure Letter from you explaining the situation in detail, and Letter from an objective third party (i.e. minister, social worker, or letterhead paper explaining the situation in detail, or One or more of the following:  [ ] Letter from an adult who is an independent third party (none support your statement; i.e., parents of a friend, neighbor, or individual writing the letter and explain how he/she knows at [ ] Copies of police reports [ ] Copies of court reports [ ] Documentation from a social service agency	ubmit documents listed below: ounselor, teacher, doctor, or of -relative or non-friend) that known r employer. The letter must inc	ther professional) on ows your situation and can clude an introduction of the	

<ul> <li>I am currently not living with my parents. Submit documents listed below:</li> <li>Letter from you explaining the situation in detail</li> <li>Letters from objective third parties (i.e. minister, social worker, counselor, teaching)</li> </ul>	her, doctor, or oth	ner professional) on
letterhead that supports your situation	, ,	,
[ ] I have married since filing my FAFSA. (Dependency status reviews based on marria year begins.) Submit documents listed below:  Copy of your marriage certificate (not license), signed and dated by officiate.	age must be reque	ested before the award
SECTION 2: FINANCIAL INFORMATION		
If you are now married, please include your spouse's information f	or both years.	
INCOME (If any amounts are zero, please explain on a separate sheet	Actual 2023	Estimated 2024
Earned income (e.g., wages, salaries, tips, work-study earnings)		<del>-</del>
Financial support received from parents  Monetary value of other support received from parents (e.g., health insurance, room & board)		
Monetary value of other support (e.g., room & board) from persons other than parents (identify source)		
Amount of other annual income (identify source)		<u> </u>
TOTAL INCOME	-	
Expenses (If any amounts are zero, please explain on a separate sheet)	Actual 2023	Estimated 2024
Housing	1	
Food		<u> </u>
Transportation (e.g., car payments, insurance, gas, maintenance)		
Utilities		
Child and/or dependent care		<u> </u>
Personal (e.g., clothing, entertainment)		
Other (indicate type)		
TOTAL EXPENSES		<del>-</del>
TOTAL EXPENSES		= =====================================
My parent(s) or stepparent(s) own the property on which I reside.	Yes	[ ] No
Step 3: Submit this form and all required documentation to your local Financial aid advisor.	cial Aid Office an	d ask to speak with a
Step 4: Complete all outstanding financial aid requirements on Mylvy.		
I hereby certify that the information provided on this form is true and cor	rect to the best	of my knowledge.
Student Signature		Date:
SECTION 3: FINANCIAL AID OFFICE USE ONLY		
☐Verification requirements posted to RRAAREQ (☐Student's spouse included to the control of the	led in verification	n requirements)
☐ DEPENDENCY OVERRIDE APPROVED ☐ DEPENDENCY OVERRIDE DENIED ☐ Studen	nt notified via	
FINANCIAL AID OFFICE SIGNATURE		Date

DOVR Page 2 of 2