



UNIVERSITY OF SOUTH CAROLINA REGIONAL CAMPUSES

Lancaster, Salkehatchie, Sumter, Union

Financial Aid Office

2010-2011 CHANGE OF DEPENDENCY FORM

Name: _____ SS#: _____
(Please Print) (Last Four Numbers Only)

Address: _____
Street City State Zip

Email Address: _____ Phone #: _____

You are considered an independent student for financial aid purposes if you meet one of the following conditions at the time you complete and sign the 2010-2011 Free Application for Federal Student Aid (FAFSA):

- You were born before January 1, 1987
➤ As of today, you are married (Also answer "Yes" if you are separated but not divorced.)
➤ At the beginning of the 2010-2011 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)
➤ You are currently serving on active duty in the U.S. Armed Forces for purposes other than training
➤ You are a veteran of the U.S. Armed Forces
➤ You have children who will receive more than half of their support from you between July 1, 2010 and June 30, 2011
➤ 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 and through June 30, 2011
➤ At any time since you turned age 13, both your parents deceased, were you in foster care or were you a dependent or ward of the court
➤ You or were you an emancipated minor as determined by a court in your state of legal residence
➤ You are or were in legal guardianship as determined by a court in your state of legal residence
➤ At any time on or after July 1, 2009, your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless
➤ At any time on or after July 1, 2009, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless
➤ At any time on or after July 1, 2009, the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless

If you meet one of the above conditions you do not need to complete this application.

If you are a dependent student according to the above information, but wish to apply for financial aid as an independent student, you must complete this form to appeal for re-classification of your dependency status. Carefully read all instructions, complete this form and return it to the Financial Aid Office with all the required documentation. Within 10 business days the Financial Aid Office will make a final determination of your status.

Submitting this form does not guarantee that re-classification will be granted.

Dependency re-classification will only occur for students with unusual circumstances on a case-by-case basis. The following conditions, individually or in combination with one another, do not qualify as "unusual circumstances" or do not merit a dependency override. The circumstances are:

1. Parents refusing to contribute to the student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the students as a dependent for income tax purposes;
4. Student demonstrating total self-sufficiency.

1. ANSWER ALL QUESTIONS

- a. When did you last have contact with your biological mother? Month _____ Year _____
- b. When did you last live with your biological mother? Month _____ Year _____
- c. When did you last receive financial support from your biological mother? Month _____ Year _____
- d. When did you last have contact with your biological father? Month _____ Year _____
- e. When did you last live with your biological father? Month _____ Year _____
- f. When did you last receive financial support from your biological father? Month _____ Year _____
- g. Are you included as a dependent under your parents' medical plan? _____ YES _____ NO
- h. If yes, give the name and address of the medical insurer. _____
- i. Do you own or have the use of an automobile while attending USC? _____ YES _____ NO
- j. If yes, give the name and address of the registered owner. _____

****If you are the registered owner, make sure you provide a copy of your car's registration.****

2. PERSONAL STATEMENT

Tell us in your own words why you should be considered an independent student. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. You must also describe the events in your family which led to your current separation from your parents.

3. COLLECT SUPPORTIVE DOCUMENTATION

- Provide statements from at least two professional adults who are not family members which verify the family circumstances you described in your personal statement. Professional adults include clergy members, guidance counselors, teachers or professors, doctors, family counselors, mental health professionals, and law enforcement officers.
- Attach any other documentation (court documents, guardianship papers, police reports, etc) which you will help explain and support your request.

REMEMBER: The success of your appeal depends upon you- what you tell us in your personal statement and what you show us in your documentation. You should concentrate on providing facts, not opinions. Provide any information that you feel will help outline your situation. All information will be kept confidential and will only be used to determine your dependency status for financial aid application purposes.

STUDENT CERTIFICATION--Read carefully before you sign.

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for financial aid jeopardized.

Student's Signature _____ Date

FINANCIAL AID OFFICE USE ONLY

ARE ALL SUPPORTING DOCUMENTS ATTACHED? IF YES, Date received/Initials _____/_____
 ACTION TAKEN: _____ APPROVED DATE _____ INITIAL _____ INITIAL _____
 _____ DISAPPROVED DATE _____ INITIAL _____ INITIAL _____

COMMENTS/ADJUSTMENT(S) MADE TO STUDENT'S RECORD: _____

Note: Adjustment should include reason, dollar amount and items adjusted on student's record. Update IMS Screen 03, 08 & 10 as applicable