SAVANNAH TECHNICAL COLLEGE

Office of Financial Aid
5717 White Bluff Road
Savannah, GA 31405-5521

Dependency Status Change Request 2011-2012

ATTENTION!!! Information on this application will be collected and used to determine if you qualify for a change in status. This request must be accompanied with documents as noted on this form. This request is only valid for Summer 2011, Fall 2011 and Spring 2012 Semesters.

DEMOGRAPHIC INFORMATION *(Please Print Clearly)*

Student ID _____ **Date of Birth**: ____/____/____. **Today's Date**: ____/___/____

Applicants Name: _____
Last First M.I.

Permanent Mailing Address: _____
Street, Apt. #, P.O. Box City State ZIP

Phone #: _____/_____/_____ **Alternate Phone #**: _____/_____/_____

A Dependency Status Change requires a student to document unusual circumstances that make it inappropriate to expect a parental contribution for the student. The following conditions on their own or in combination **do not** qualify as unusual circumstances:

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 student as a dependent for income tax purposes;
4. Students demonstrating total self-sufficiency.

You must answer the following questions:

1. Do you communicate with your parent or parents? ☐ Yes ☐ No
2. Do you live with a parent or relative? ☐ Yes ☐ No
3. Do you know where your parents live? ☐ Yes ☐ No
4. Have you been a victim of domestic violence? ☐ Yes ☐ No

Required Documentation:

1. On a separate sheet you must provide a written description of your relationship with your parents, where and who you live with, where your parents reside, and a description of domestic violence if you answered Yes to question 4.
2. In addition to the written description above you must provide written documentation from two third party sources who are familiar with your unusual circumstances. (i.e. Clergy, Landlord, High School or Social Worker, etc.) Relatives are not acceptable.
3. Tax Information for the past 2 years.

Acknowledgement:

By signing this form I acknowledge that this information is true and accurate to the best of my knowledge. I understand that the decision by the Student Success Department is final and there are no appeals.

Student Signature:_____

Approved____ **Denied**_____ **Director**_____

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Comments