



**2020-2021**  
**REQUEST FOR CHANGE OF DEPENDENCY STATUS**

Beginning in 1993 and continuing with the 2020 - 2021 academic year, a student must meet *at least one* of the following federal requirements to qualify for financial aid as an independent student:

- YOU WERE BORN BEFORE JANUARY 1, 1993;
- YOU WILL BE WORKING ON A MASTER'S OR DOCTORATE PROGRAM DURING THE 2020-2021 SCHOOL YEAR;
- AS OF TODAY, YOU ARE MARRIED;
- YOU ARE AN ORPHAN OR WARD OF THE COURT, OR WERE A WARD OF THE COURT UNTIL AGE 18;
- YOU ARE A VETERAN OF THE US ARMED FORCES;
- YOU HAVE CHILDREN WHO RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOU;
- YOU HAVE DEPENDENTS (OTHER THAN YOUR CHILDREN OR SPOUSE) WHO LIVE WITH YOU AND RECEIVE MORE THAN HALF THEIR SUPPORT FROM YOU, NOW AND THROUGH JUNE 30, 2019.

If you do not meet any of these criteria, according to the federal requirements you are a dependent student. There may, however, be circumstances that you feel warrant a re-evaluation of your dependency status. To appeal your dependency status, please complete and return this form to the Financial Aid Office. Your appeal will be reviewed (additional information supporting your appeal may be requested) and the Financial Aid Office will make a determination of the appropriate dependency status.

Student's: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Mailing Address: \_\_\_\_\_

Phone Number (should we have questions): \_\_\_\_\_

Grade Level: \_\_\_\_\_ High School Graduation date: \_\_\_\_\_

**You must attach the following information to this completed form:**

- A letter from you explaining: (1) nature of your relationship with your parents; (2) the location of both your parents and when you last had contact with them; (3) why you cannot obtain information and/or support from your parents; and (4) how you have been supporting yourself.
  - Statement from a responsible adult who is aware of your situation and can corroborate/support the facts you present in your letter.
  - 2020-2021 Verification Worksheet and your 2018 tax transcript (not a copy of your tax return).
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**Please answer the following questions:**

Where will you be living during the 2020-2021 school year? (check one)

On Campus                       Off Campus  
 With a parent(s)               Relative's home  
 Other: \_\_\_\_\_

**Is there anything else you would like our office to know about your situation that you have not already mentioned?**  
**Please attach further documentation if you feel necessary.**

**I certify that the information provided is true and correct.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

**Financial Aid Office  
Lakes Region Community College  
379 Belmont Road  
Laconia, NH 03246**

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