

Spartanburg Methodist College
Office of Financial Aid
1000 Powell Mill Road, Spartanburg, SC 29301
Phone 864.587.4000 or 1.800.772.7286
Fax 864.587.4382

2011-2012 REQUEST FOR DEPENDENCY EVALUATION

Full Name

SSN

Permanent Home Address

City

State

Zip

Telephone Number

Email Address

Cell Phone Number

The Free Application for Federal Student Aid (FAFSA) requires that a student provide parental information on the application unless he/she meets one of the thirteen qualifications for an Independent Student listed in the application. However, the US Department of Education does permit Financial Aid Administrators to conduct case-by-case dependency evaluations for extreme circumstances and unusual situations as per Dear Colleague Letter GEN-03-07 dated 04/04/2003.

The following circumstances are **NOT** qualifying reasons for a Dependency Evaluation and you should not request an evaluation based on the conditions below, singly or in combination:

- Parents refusal to contribute to the student's education;
- Parents unwillingness to provide information to complete the FAFSA;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

Some examples of valid circumstances for a Dependency Evaluation may be:

- Voluntary or involuntary removal from parents' home due to an abusive situation that threatened the student's safety and/or health
- Incapacity of parents resulting from incarceration or mental illness
- Abandonment by both parents

If you believe that you should be classified as an Independent Student based on extreme circumstances (reporting only student income and assets on the FAFSA), you must complete this form and provide all the documentation requested to the Spartanburg Methodist College Office of Financial Aid.

IMPORTANT:

- ❖ Dependency status must be re-certified every year, it does not automatically renew.
- ❖ We may request additional documentation when applicable.
- ❖ Adjustments made to your FAFSA as a result of granting your request may delay or change your financial aid awards.
- ❖ Requests to evaluate dependency status without required documentation will not be considered.
- ❖ **Submission of this request form and required documentation does not guarantee an override of your dependency status.**

Return this form and all documentation listed below to the Spartanburg Methodist College Office of Financial Aid. Your request will be reviewed and you will be notified in writing of the decision.

For review, please provide the following items of documentation:

1. Signed copies of your 2010 federal and state income tax returns
2. Copy of your 2010 W-2 form(s)

(continued)

3. **Personal Statement.** Provide a *notarized* statement written by you describing, in detail, the extenuating circumstances that prevent your parent(s) from providing parental financial support for you. Explain the events that forced you to separate yourself from your family. Include dates and events and whether or not a restored relationship with your parents is probable.
4. **Professional Letter.** Provide a written statement, *on official letterhead*, from a professional adult with first-hand knowledge of the situation(s) described in your personal statement. Professional adults include social workers, school officials, church clergy, family counselors, mental health professionals, or law enforcement officers. This person should include as many supporting details that he/she feels would validate your case for appeal.
5. **Personal Reference.** Provide a *notarized* statement written by an adult family member or friend with first-hand knowledge of the situation(s) described in your personal statement. This person should state his/her relationship to you and include as many supporting details that he/she feels would validate your case for appeal.
6. **Supporting Documentation** (*if applicable*). If you have documentation that would further validate your appeal, such as court documents, police reports, newspaper articles, medical records, etc. please include copies with your personal statement.
7. **Completed Free Application for Federal Student Aid (FAFSA).** You should complete as much of the FAFSA as you are able online at www.fafsa.gov by **June 30** for fall enrollees and by **December 1** for spring enrollees. If you have trouble completing the FAFSA, please contact our office for assistance.
8. **Monthly Expenses Information.**

List your monthly expenses for 2010 below and the source of payment for them.		
Expense	Monthly Cost	Who Pays or Provides the Expense?
Housing	\$	
Utilities (cell phone, power, etc.)	\$	
Food	\$	
Child Care or Dependent Care	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal (clothing, toiletries, etc.)	\$	
Other	\$	
TOTAL Expenses	\$	XXXXXXXX

9. **Additional Documentation Requested by the Financial Aid Office:**

10. **Certification Statement:**

I hereby certify that all information contained in or attached to this request, including my personal statement and other documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided false statements and/or fraudulent documents. I understand that if I receive federal and state student aid based on incorrect information, I will be required to repay those funds and that I may also be assessed penalties and fees from the appropriate governmental and/or lending agencies.

Student Signature

Date

SMC Office Use Only

Dependency Classification: _____IND _____DEP

Official Signature

Date

___ Reasoning statement attached

___ Written notification to student