

# FULTON-MONTGOMERY COMMUNITY COLLEGE

## DEPENDENCY STATUS REVIEW 2019-2020

Please read this form carefully. Filing this form does not guarantee that a change in your status will be approved.

Last Name	First Name	MI	Student ID#
Street Address	City	State	Zip Phone #

You have indicated that severe circumstances within your family prevent you from obtaining your parents' information and/or cooperation in completing the FAFSA form. Examples of severe circumstances include:

- Death of parent(s)
- An abusive home situation which is detrimental to your physical or mental well-being
- Abandonment by both parents
- History of parental alcohol or drug abuse
- Incarceration (jail) of the custodial parent and inability to obtain other parent's information
- Other extenuating circumstances not described above

Please review and submit the following information that is required to complete your claim for independence.

You must complete all of the following steps and submit the appropriate documentation

- **YOUR STATEMENT:** Attach a written personal statement (preferably typed) which completely describes your circumstances and the basis of your appeal. Your statement will be used only to determine if a dependency exception should be made. This information will be held in strictest confidence. Please make sure your statement is signed and dated.
- **PROFESSIONAL STATEMENT:** Attach at least one acceptable source of documentation which verifies **all** of the facts of your appeal. Acceptable sources of documentation includes *a signed statement from an adult professional who is not a family member* which verifies the family circumstances described in your personal statement. **Letters must be signed originals on agency letterhead with the professional's title (Counselor, Clergy Member, etc.).** Adult professionals can include:
  - School Guidance Counselor
  - Other school official (teacher, professor)
  - Mental Health professional, Clergy member  
ie: Rabbi, Priest, Minister, etc.
  - Officer of the Court
  - Attorney
  - Medical Doctor
  - Law Enforcement Officer
  - Professional staff of Children and Family Services (Public Assistance Department)
- **OTHER DOCUMENTATION:** Attach any other documentation supporting your claim of independence including, but not limited to: legal documents, notarized statements from other family members, police reports, death certificate of custodial parent, etc. The following documentation is attached:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

I certify that all information including my personal statement and other documentation is true and complete to the best of my knowledge. I swear or 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 eligibility for Federal and State aid will be jeopardized.

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

Approved _____	Declined _____	Date _____
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