

Massasoit Community College
Dependency Review Form Instructions

A Financial Aid Administrator may override the dependency status of a student under the age of 24 on a case-by-case basis for a student with unusual circumstances.

None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Unusual circumstances do include (and may cause any of the above conditions) abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate his parents. In such cases a dependency override might be warranted.

This application has three parts:

- **Part 1** is to be completed and signed by the student.
- **Part 2** is to be completed and signed by a relative or close friend of the student.
- **Part 3** is to be completed and signed by a third party who has worked with the student/student's family on a professional basis. This includes, but is not limited to, a social worker, psychologist or similar caseworker, medical authority, member of the clergy, prison administrator, government agency, or court, guidance counselor, teacher, or other professional from the student's high school or college (if a transfer).

Evidence can be a signed letter or an official document, such as a court order.

All three parts are to be collected by the student and given to the Financial Aid Office. All information submitted will be strictly confidential.

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Name _____ Student ID# V00_____

Day Phone # _____ Cell Phone # _____

Part 1 – To be completed by student

- 1. Have you already completed a FAFSA for the coming school year? _____
- 2. What is the last date you received financial support from your parents? _____
Month/Year
- 3. What is the last date you lived with your parents? _____
Month/Year

Please provide a written statement about your family history and your relationship with your parents. Provide as much detail as you are comfortable. You may attach a separate sheet of paper if you prefer. All information will be kept confidential.

Why are you unable to provide parent information for financial aid purposes?

Signature Date

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Student's Name _____ Student ID# V00 _____

Part 2 – To be completed by student's relative or close friend.

The student named above has applied for financial assistance and has indicated to our office that parental information is unavailable due to extraordinary family circumstances.

1. How long have you known the student? _____

2. What is your relationship to the student? _____

3. What is the last date you are aware that the student received financial support from his/her parents? _____
Month/Year

4. What is the last date you are aware the student lived with his/her parents? _____
Month/Year

Please provide a complete statement about the student's family history and relationship with his/her parents. You may attach a separate sheet of paper if you prefer.

Your name: _____ Day Phone# _____

Address: _____

Signature

Date

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Student's Name _____ Student ID# V00_____

Part 3 – To be completed by a non-relative third party, preferably by somebody who has worked with the student/student's family on a professional basis.

The student named above has applied for financial assistance and has indicated to our office that parent information is unavailable due to extraordinary family circumstances.

- 1. How long have you known the student? _____
- 2. What is your relationship to the student? _____
- 3. What is the last date you are aware that the student received financial support from his/her parents? _____
Month/Year
- 4. What is the last date you are aware the student lived with his/her parents? _____
Month/Year

Please provide a complete statement about the student's family history and relationship with his/her parents. You may attach a separate sheet of paper if you prefer.

Your name: _____ Professional Title: _____
 Address: _____ Day Phone # _____

Signature Date