

Please read the information outlined below, staple the required documentation to this application, sign all documents being submitted including this application, and submit to the Financial Aid Office. A response will be mailed back to you within three (3) weeks.

PLEASE PRINT!

Name _____ SSN _____

Address _____ Previous/maiden name _____

City, State Zip _____ Birth Date _____

Home Phone _____ Work Phone _____

According to Federal Regulations, the family has the primary responsibility to pay for college. The definition of a family includes parents unless the student was born before January 1, 1985, or is married, or has children for which they provide more than 50% financial support, or is a Veteran, or has a Bachelors Degree, or is an Orphan or Ward of the Court. Only under rare, uncommon, unexpected, and extreme circumstances can a Financial Aid Director exclude parent's information from the processing of financial aid. Such circumstances may include, but are not limited to abuse, violence, or court ordered intervention. **Living on your own, paying your own bills, and not being claimed on your parent's taxes are NOT circumstances from which we can exclude parents information.**

If you have circumstances that you want reviewed, please submit all of the following documentation:

- ___ A letter from you describing the events and circumstances that you lead you to feel that it is not reasonable for you to provide your parent's information.
- ___ Letters from at least two people who have first-hand knowledge of the events and circumstances you describe in your letter. These letters should be from teachers, counselors, pastors, landlords, work supervisors, etc. They should not be written by family members or friends.
- ___ A copy of any police reports, court orders, etc. that pertain to the events and circumstances you describe in your letter.
- ___ Other documentation that you think is pertinent: _____

Signature

Date

Fond du Lac Tribal and Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law.

This document is available in alternative formats to individuals with disabilities by calling 218-879-0805 (V/TTY.)

OFFICE USE ONLY

___ Change in Dependency Status is approved.

___ Your application is incomplete. Please submit the documentation highlighted above.

___ Change in Dependency Status is NOT approved, because: _____