

2024-25 Dependency Status Verification – Independent Student

This form is for undergraduate students who were born after January 1, 2001 and who indicated that they have a personal circumstance that qualifies them as an independent student on their 2024-25 Free Application for Federal Student Aid (FAFSA®) form. In order to process your financial aid, you will need to complete and submit this form along with supporting documents. Additional documentation may be requested after the initial review. Your request will be reviewed within 14 days once ALL required documentation is received and you will be notified via email of your dependency status verification.

STUDENT INFORMATION – Please type or print clearly

Last Name	First Name		Date of Birth
Email Address		Student ID	
Address			
City	State	Zip Code	Telephone Number

Please indicate which of the following Personal Circumstances best describes your situation:

 \Box As of today, you are married (not separated), or remarried.

□ You are currently serving on active duty in the U.S. Armed Forces for purposes other than training. (If you are a National Guard or Reserves enlistee, you are on active duty for reasons other than state purposes or training.)

 \Box You are a veteran of the U.S. Armed Forces.

□ You have children or other dependents (other than a spouse) who live with you (unless temporarily living apart) and receive more than half of their support from you now, and between July 1, 2024 and June 30, 2025.

□ At any time since you turned 13, you are or were an orphan (no living biological or adoptive parent).

 \Box At any time since you turned 13, you are or were a ward of the court.

 \Box At any time since you turned 13, you are or were in foster care.

□ You are or were determined to be a legally emancipated minor by a court in the state in which you reside.

□ You are or were determined to be in a legal guardianship with someone other than your parent or stepparent by a court in the state in which you reside.

□ At any time on or after July 1, 2023, you were unaccompanied and either:

- a. homeless, or
- b. self-supporting and at risk of being homeless.

DOCUMENTATION

The following documentation is required for the Personal Circumstance(s) indicated on the first page of this form (please check which documents you have provided):

• Student is Married

□ Copy of Student's Marriage License

- Currently Serving on Active Duty
 - At least one of the following:

 \Box Copy of the student's active duty orders showing current active duty status

 \Box Copy of Form DD-214: Certificate of Release or Discharge from Active Duty

□ Copy of Letter from commanding officer stating intent to release from active duty with other than dishonorable character of service

• Veteran of U.S. Armed Forces

□ Copy of Form DD-214: Certificate of Release or Discharge from Active Duty

- Supporting Children and/or Other Dependents
 - \circ $\,$ All of the following:

□ Personal Statement detailing your dependents, how you support them, your monthly income and expenses, and where you live

- $\hfill\square$ Documentation outlining housing, support etc.
- \Box Copies of pay stubs and/or government assistance
- Orphan
 - \circ $\,$ All of the following:
 - Copy of Death Certificates
 - $\hfill\square$ Personal Statement or other documentation detailing current situation
- Ward of the Court
 - All of the following:
 - Copy of Court Documentation
 - \square Personal Statement or other documentation detailing current situation
- Foster Care
 - **At least one** of the following:

 \Box Copy of court order or official state documentation that you received federal or state support in foster care

A documented phone call, written statement, or verifiable electronic data match from: a state, county, or tribal agency administering a program under part B or E of Title IV of the Social Security Act; a state Medicaid agency; or a public or private foster care placing agency or foster care facility
A documented phone call or a written statement from an attorney, guardian ad litem, or Court Appointed Special Advocate

□ Verification of your eligibility for an education and training voucher under the John H. Chafee Foster Care Program

o Or:

 \Box Documentation from another financial aid administrator who previously documented your circumstance

- Legally Emancipated Minor
 - All of the following:

□ Copy of court documentation from the adjudicating court in your state of legal residence

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□ Personal statement detailing your situation such as: the details of your emancipation including the date of the order and your age at the time, where you currently live, how you support yourself etc.

- Legal Guardianship
 - \circ $\,$ All of the following:

□ Copy of court documentation from the adjudicating court in your state of legal residence
□ Personal statement detailing your situation such as: who is/are your guardian(s) and how they are related to you, where you currently live, who supports you or how you support yourself etc.

- Unaccompanied and Homeless/At Risk
 - Verification provided via a documented phone call, written statement, or verifiable electronic data match for **at least one of the following**:

 \Box A local educational agency homeless liaison (or designee), as designated by the McKinney-Vento Homeless Assistance Act

The director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness
The director (or designee) of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant

 \Box A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year

 $\circ\quad$ Or, in the absence of a determination by the entities above:

□ A written statement, or a documented interview with a financial aid administrator, that confirms that you are an unaccompanied homeless youth, or unaccompanied and at risk of homelessness and are self-supporting

Please submit this form and all supporting documents to the Office of Student Financial Services via mail, email or fax.

Marietta College ATTN: Student Financial Services 215 Fifth St Marietta, OH 45750 Fax: 740-376-4990 <u>finaid@marietta.edu</u>

CERTIFICATION

By signing this worksheet, I certify all the information reported on this worksheet is complete and correct. I understand that the Marietta College Office of Student Financial Services reserves the right to request additional information as needed. Furthermore, I understand that completing this form does not guarantee that my independent student status will be verified. If the Office of Student Financial Services determines that I do not fit the criteria of an independent student, then in order to receive financial aid I MUST resubmit my FAFSA providing parental information. If my independent student status is approved, this will carry over to future years provided circumstances remain unchanged. <u>WARNING: If you purposefully give false or misleading information, you may be fined, sentenced to jail, or both.</u>

Student Signature