



NORTH GREENVILLE  
UNIVERSITY  
*Christ Makes the Difference*

## 2018-2019 REQUEST FOR INDEPENDENT STATUS

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

A Financial Aid Administrator may review a student's dependency status for unusual circumstances. **The following are NOT valid reasons for a dependency status change:**

- Parent(s) refusal to contribute to the student's education.
- Parent(s) unwillingness to provide information on the FAFSA or for verification.
- Student not claimed as dependent on parents' tax return.
- Student demonstrates total self-sufficiency.

North Greenville University Financial Aid Staff will consider requests on a case-by-case basis which are unintentional, involuntary and uncontrollable breaks in the relationship between parent(s) and student. **Documentation and a letter from the student explaining the situation must be provided with this request.** Preferred documentation examples are provided below.

Special Circumstances	Preferred Documentation(s)
<b>Married since filing FAFSA</b>	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• Spouse's 2016 Federal Income Tax Transcript or Income Tax Return</li> </ul>
<b>Family situation is dysfunctional: may result from physical/emotional abuse or addiction.</b>	<ul style="list-style-type: none"> <li>• Official letter from counseling professional, social agency, school official, teacher, clergy, or doctor, explaining the situation</li> <li>• Police reports</li> <li>• Court reports</li> </ul>
<b>Death of custodial parent</b>	<ul style="list-style-type: none"> <li>• Death certificate or obituary notice</li> <li>• Third party letter (not a relative) which indicates the student has no contact or financial support from other living parent</li> <li>• Signed attorney statement with details of noncustodial parent</li> </ul>

**I certify that all information provided is true and complete to the best of my knowledge. Incomplete requests will be denied. Students will be notified via NGU email of the results of this request.**

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

**Office Use Only**

Approved  Denied Financial Aid Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Old EFC \_\_\_\_\_ New EFC

Data element adjustments and comments: \_\_\_\_\_

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