



2020-2021 Request to Apply for Financial Aid as an Independent Student

<p>Student Demographics</p>	<p>Name: _____ Student's ID Number: _____ DOB: ____ - ____ - ____ Address: _____ City, State, Zip: _____ Phone Number: (____) ____ - _____</p>
<p>Student's Present Living Arrangements</p>	<p>With whom do you live? _____ What is their relationship to you? _____ Number of years & months at current address: ____ yrs ____ mos</p>
<p>Biological Parent Information</p>	<p>Father's Name: _____ Address: _____ City, State, Zip: _____ Mother's Name: _____ Address: _____ City, State, Zip: _____</p>
<p>Dependency History</p>	<p>When did you last live with your parents? _____ When did your parents last provide you support? _____ When did you last have contact with your parents? _____ How often do you have contact with your parents? _____ Who pays for your medical/dental insurance? _____ Who pays for your automobile insurance? _____</p>
<p>FAFSA Information</p>	<p>Have you asked your natural parents for assistance in completing the Free Application for Federal Student Aid? _____ If yes, what was their response? _____ If no, why not? _____</p>

The following expenses are paid by:

Me	My Parents	Other	Expense Categories	Yearly Amount
			Tuition/Fees	\$
			Rent/Mortgage/Housing	\$
			Utilities (Gas, Electric, Water)	\$
			Food	\$
			Transportation	\$
			Medical (Include Insurance Premium)	\$
			Child Care	\$
			Other: _____	\$
			Other: _____	\$
			Other: _____	\$

Student's Income Information

Type of Income	Source	Yearly Amount
Wages		\$
Interest/Dividends		\$
Untaxed Income		\$
Cash/In-Kind Support		\$
Other		\$

STUDENT CERTIFICATION - Read carefully before you sign.

- I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.
- I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense, and I may be fined up to \$20,000, sent to prison, or both.
- I understand that if my situation changes in any way or if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.
- I understand that this request is for financial aid, and that I must contact the Pennsylvania Higher Education Assistance Agency, or my state agency, to determine what I must do to receive state grant assistance because of my unusual circumstances.
- I understand that by signing this form I authorize the Financial Aid Office to contact my third-party references to verify any information supplied on this form.

Student Signature

Date

Note: Failure to follow all steps or submit all required documents will result in your paperwork being unprocessed and your request being denied.