



**2023-2024 Request to Apply for Financial Aid as an Independent Student**

<p><b>Student Demographics</b></p>	<p>Name: _____          Student's ID Number: _____ DOB: ____ - ____ - ____          Address: _____          City, State, Zip: _____          Phone Number: (____) ____ - _____</p>
<p><b>Student's Present Living Arrangements</b></p>	<p>With whom do you live? _____          What is their relationship to you? _____          Number of years &amp; months at current address:          ____ yrs ____ mos</p>
<p><b>Biological Parent Information</b></p>	<p>Father's Name: _____          Address: _____          City, State, Zip: _____          Mother's Name: _____          Address: _____          City, State, Zip: _____</p>
<p><b>Dependency History</b></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><b>FAFSA Information</b></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 Services 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 Services 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.