



2010 - 2011
REQUEST FOR CHANGE OF DEPENDENCY STATUS

According to the federal requirements, the outcome of your FAFSA classifies you as a dependent student. There may, however, be circumstances that you feel warrant a re-evaluation of your dependency status. To appeal your dependency status, please complete and return this form to the Financial Aid Office. Your appeal will be reviewed (additional information supporting your appeal may be requested) and the Financial Aid Office will make a determination of the appropriate dependency status.

Student's: _____ ID#: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____

Phone Number (should we have questions): _____

Grade Level: _____ High School Graduation date: _____

You must attach the following information to this completed form:

- A letter from you explaining: (1) nature of your relationship with your parents; (2) the location of both your parents and when you last had contact with them; (3) why you cannot obtain information and/ or support from your parents; and (4) how you have been supporting yourself.
- Statement from a responsible adult who is aware of your situation and can corroborate/support the facts you present in your letter.
- 2010-2011 Verification Worksheet and copies of your 2009 (signed) Federal Tax Return and W-2's.
- If you are a transfer student, please provide us with a copy of your most recent award letter from your previous college.

Please answer the following questions:

1) Where will you be living during the 2010-2011 school year? (check one)

_____ On Campus _____ Off Campus
_____ With a parent(s) _____ Relative's home
_____ Other: _____

2) If you will be living Off Campus, will you have other roommates? _____ Yes _____ No

3) During the summer and over holiday breaks, where will you be living?

On Campus Off Campus
 With a parent(s) Relative's home
 Other _____

If at a relative's, please provide their complete mailing address:

4) During this time (summer/holidays) will you be paying rent? _____

If so, please list the amount: _____

5) Do you own a car? _____ If yes, in what year was it purchased? _____

Paid for by whom: _____

6) Do you have car insurance? _____ If yes, whose name is the premium under? _____

Paid for by whom: _____

7) Do you have health insurance? _____ If yes, who pays for the coverage? _____ and under

whose name is the policy: _____

**Is there anything else you would like our office to know about your situation that you have not already mentioned?
Please attach further documentation if you feel necessary.**

Please complete the following worksheet to explain how you have been meeting your living expenses.

Living Expenses	Cost		Annual Total Cost	For Office Use Only
If you pay rent, what is your monthly contribution?	\$ _____	Multiply by # _____ of months you pay rent	\$ _____	
If you do not have a meal plan, how much do you pay for groceries per week? \$ _____	Multiply by 4.3 for food expenses for the month \$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Monthly car payment?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Monthly car insurance payment?	\$ _____	Multiply by 12 for the year's cost \$ _____	\$ _____	
Other expenses such as credit card payments, clothing, entertainment, utilities?			\$ _____	
Add all of the annual costs together		Total	\$ _____	

Income	Annual Income
According to your 2009 taxes, what was your annual gross income?	\$ _____
If you did not work in 2009, what gifts, allowances or any untaxed income did you receive? From whom did you receive this? Name:	\$ _____
Relationship:	
Add up your yearly income	
Total	\$ _____

I certify that the information provided is true and correct.

Student Signature _____ Date _____

Return this form to: **White Mountains Community College
Financial Aid Office
2020 Riverside Drive
Berlin, NH 03570
Phone: (603) 752-1113**