

2023-2024 Request for Review of Dependency Status

Financial Aid Department
 800 Main Street, Room C-019
 Pewaukee, WI 53072
 262.691.5436 (Phone); 262.691.5123 (Fax)
 money@wctc.edu

The Financial Aid Department is required by federal law (Public Law 102-325, Sec. 480(d)) to consider parental information and expect a parent's contribution for students who do not meet one of the following criteria for an Independent Student status:

1. You were born before January 1, 2000.
2. As of the date you filed the FAFSA, you were married.
3. You have children or dependents who receive more than half of their support from you.
4. At any time since you turned 13, both of your parents were deceased, you were in foster care, or you were a dependent or ward of the court.
5. You are currently serving on active duty or are a veteran of the U.S. Armed Forces.
6. You are or were an emancipated minor as determined by a court in your state of legal residence.
7. At any time on or after July 1, 2022, your high school district homeless liaison, a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless.

Extenuating Circumstances

If extenuating circumstances exist that make it impossible for you to have contact with your parents, then you may file a Dependency Override Appeal. Extenuating circumstances usually involve situations that are beyond your control. For example, if you were forced from a parent's home, then you may provide a police report, a court order, or a statement on letterhead from a counselor or social services agency familiar with your situation.

Please note that none of the conditions listed below, singly or in combination, qualify as extenuating circumstances:

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Required Documentation

To consider your request for review of your dependency status, additional information and documentation of your family circumstances is required. An appeal without the following items will **not** be reviewed:

1. Completion of this **Request for Review of Dependency Status** form
2. A detailed **Personal Statement** explaining why your situation is unique and why your parents are no longer involved with your life. You must provide essential details such as dates, addresses, and the names of those involved.
3. **Third party documentation such** as a police report, court order, or a statement, preferably on letterhead, from someone who is familiar with your situation (i.e. a teacher, counselor or social worker who will verify your Personal Statement).
4. Submit a 2023-2024 **Independent Student Verification Form**.
5. Submit your **2021 signed Federal tax forms, including all Wage Statements (W-2)**.

Demographic Information

WCTC ID number	Student's last name	Student's first name	MI	
Address		City	State	Zip
Phone number		Email address		

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Answer the following set of questions. **Do not** leave any question blank.

1. Provide your parents full names and where your parents are currently residing

Father's Legal Name	Address	City	State	Zip
Mother's Legal Name	Address	City	State	Zip

2. List the date that you last had any in-person, oral or written contact with each parent. Provide a short explanation as to why contact or communication ended with that parent after your listed date

Father	Date (Month/Year)	Reason why in-person contact or any communication ended after this date
Mother	Date (Month/Year)	Reason why in-person contact or any communication ended after this date

3. Answer the following:

- a. Have you been claimed as an exemption on your parent(s)' income tax forms for either of the previous two federal tax returns? Yes No
- b. Are you covered by your parent(s)' insurance policies?
Auto: Yes No Health: Yes No
- c. Have you lived with your parent(s) more than four consecutive weeks in the past 24 months? Yes No

Please allow 10-14 business days for processing.

All communication in regards to this request will be sent to your WCTC student e-mail account, please check it frequently. Any additional information requested by the WCTC Financial Aid Office must be submitted within 14 days of notification unless alternative arrangements are made in advance of the deadline. If additional information is not submitted within 14 days after it is requested, a final decision will be issued based on the information available at that time.

Please be advised that the WCTC Financial Aid Office cannot guarantee that this submitted request will be approved. Decisions are made on a case-by-case review and any final decision is not subject to further appeal.

Signature

By signing this worksheet, I hereby certify that the information I have provided on this worksheet, my submitted personal statement and 3rd party documentation are true, complete, and accurate. I acknowledge that if I purposely give false or misleading information on this worksheet or in my appeal documentation, I may be fined, sentenced to jail, or both. **A physical signature is required; Typed signatures are not acceptable.**

Student signature _____ Date _____

Submit completed form to:
WCTC Financial Aid Department
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