

Dependency  
Override

# Mid-America Christian University Professional Judgment



2017-2018

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

You should complete this form if you are considered a dependent student for federal financial aid and believe you have extenuating circumstances which should allow you to be considered an independent student.

## **STEP 1: Personal Statement**

**Attach a personal statement which includes the following:**

1. The nature of your relationship with both your mother AND your father
2. The location of both parents AND when you last had contact with them
3. Why you cannot obtain information and/or support from your parents
4. Who you have been supported by (if not parents) and for how long

## **STEP 2: 3<sup>rd</sup> Party/Professional Statement**

**Attach at least 2 letters from 3<sup>rd</sup> party adult individuals who personally have knowledge of your situation and who can verify your circumstances. Please note:**

1. At least 1 letter (on letterhead) must be from a guidance counselor, physician, social worker, licensed therapist, clergy person or church administrator, or other individual who has been involved in your circumstances in a professional capacity.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved, or have first-hand personal knowledge of your situation.
3. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. They must include their telephone number and address where the individual can be reached for follow up questions.

## **Step 3: Residence information**

Where did you live in 2016-2017?    \_\_\_on campus    \_\_\_off campus    \_\_\_with parents

Where will you live in 2017-2018?    \_\_\_on campus    \_\_\_off campus    \_\_\_with parents

**STEP 4: EXPENSES (part 1)**

Did your parent(s) claim you as an exemption on their 2015 federal tax return? \_\_\_Yes \_\_\_No

Will/did your parent(s) claim you as a dependent on their 2016 federal tax return? \_\_\_Yes \_\_\_No

Did your parent(s) provide your health insurance in 2016-2017? \_\_\_Yes \_\_\_No

Will your parent(s) provide your health insurance in 2017-2018? \_\_\_Yes \_\_\_No

Did your parent(s) provide your auto insurance in 2016-2017? \_\_\_Yes \_\_\_No

Will your parent(s) provide your auto insurance in 2017-2018? \_\_\_Yes \_\_\_No

**STEP 5: EXPENSES (part 2)**

**Indicate who pays for each expense listed in the chart below.**

<b>Expense</b>	<b>Resource (who paid for the expense)</b>
RENT	
UTILITIES	
TELEPHONE	
FOOD	
TRANSPORTATION (car payment & insurance)	
MEDICAL (health insurance)	

**STEP 6: STUDENT CERTIFICATION**

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Return the completed form with the required documentation to the Office of Student Financial Services.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

*We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.*

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RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT MACU

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ **Approved**    \_\_\_\_\_ **Denied**

**Reviewed By:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Rationale:**