ONE LIVING PARENT/NO CONTACT WITH PARENT

Your custodial parent has died and the other natural parent is still living. You have no contact with or have not received any financial support from the living parent.

The following detailed documentation supporting your situation MUST accompany this form.

1. A letter, signed and dated, from you, the student, explaining the situation in detail.
2. Statement from an objective third party (i.e.: minister, social worker, counselor, teacher, doctor or other professional) who supports your situation, confirming that you are estranged from your parent. This must be on letterhead or have a business card attached. The statement must include:
   - the length of time the person has known you
   - how the person is aware of your situation
   - why the parental information is not available
   - to the person’s knowledge, you do not receive parental support

THE FAMILY SITUATION IS UNREASONABLE OR UNUSUAL

Your situation may be the result of physical or emotional abuse or drug/alcohol abuse or you have other special circumstances that prevent you from providing parent income information.

The following detailed documentation supporting your situation MUST accompany this form.

1. A letter, signed and dated, from you, the student, explaining the situation in detail.
2. A letter from an objective third party (i.e.: minister, social worker, counselor, teacher, doctor or other professional) who supports your situation. Letters must specifically state the length of time you had no contact with or financial support from your parent(s).
3. Police reports, court reports, or documentation from a social agency, if available or applicable.

DEPENDENCY OVERRIDE UPDATE

You were approved for a dependency override in a prior year and are requesting to be processed again as an independent student. By checking this box, and signing the form, you are stating your situation has not changed.

☐ I was approved for a dependency override in a prior year. I am requesting to be processed again as an independent student because my situation has not changed.

I certify that the information submitted is true and correct to the best of my knowledge and belief.

Signature:________________________________ Date:____________________________
Westmoreland County Community College

**Appeal for Independent Status**

**2014-2015**

| Name: ____________________________ | ID Number ____________________ |
| Street: ___________________ | City ______ | State ___ | Zip ______ | Phone__________ |

The primary responsibility for financing a college education rests with the student and parents. Many students feel they are independent because they are currently living on their own, or because their parents no longer claim them on their income taxes. However, WCCC is required by law to consider parent information unless the student meets one of the following criteria:

- 24 years of age or older by December 31, 2014
- married individual
- serving on active duty in the U.S. Armed Forces for purposes other than training
- veteran of the Armed Forces of the United States
- have legal dependents other than a spouse
- is/was at any time since age 13, and orphan or ward/dependent of the court, in foster care, or legally placed under the care of the court
- is/was an emancipated minor or in legal guardianship before age 18, as determined by a court in your state of residence
- is/was at any time on or after July 1, 2013, an unaccompanied youth who was homeless, or self-supporting and at risk of being homeless as determined by your high school, school district homeless liaison, emergency shelter director or transitional housing program funded by HUD, runaway or homeless youth basic center or transitional living program director
- Graduate student

If you are applying for financial aid and do not meet the definition of an Independent student, you must apply for financial aid as a dependent student. If unusual family circumstances exist that make it impossible for you to obtain parent information, our office will review your dependency status. Before our office will consider any changes regarding dependency status, you must complete this form and provide supporting documentation. This office may request additional information for consideration of your review.

Please answer the following questions.

| When was the last date you had contact with your parents? |
| When did you last live with your parents? |
| Have your parents provided you with support in the last 12 months (support includes cash, housing, food, gifts, medical insurance, loans, college costs, etc.)? |

*Complete, read and sign back of this form. Be sure to provide all required documentation.*