INSTRUCTIONS

You are applying for financial aid and do not meet the definition of an independent student as prescribed by the United States Department of Education for students wishing to apply for Federal student aid programs. Even though you do not meet this definition of an independent student, you are claiming to have been supporting yourself and are requesting this financial aid office to authorize a change in your dependency status. Before this office can consider any changes regarding your dependency status, you must provide us with the following documentation:

1. Complete the attached “Applicant” form and return it to our office.

2. Have references complete the attached “Reference” forms and return them to our office. A minimum of three references is required, and these references should be someone familiar with your circumstances and can verify that you are self-supporting. References may be obtained from the following providing the individuals are not related to each other AND must reside at separate addresses:

   A. Parent
   B. Close relative (other than a parent) and you are not presently living with
   C. High School Principal, Counselor, Teacher, or Superintendent
   D. Tax accountant and/or attorney
   E. Person(s) with whom you reside
   F. Director of Boys' Ranches, Children's Homes, Girls' Town, or similar institutions
   G. Pastor
   H. Other
HILL COLLEGE
INSTITUTIONAL DEPENDENCY CHANGE REQUEST
2010 - 2011

APPLICANT

Name of Applicant ____________________________  SSN or Student ID _______________________
Address _____________________________________________________________________________
City _________________________ St. _______ Zip ____________ Phone _____________________

When did you last live with/ or have contact with your parents? __________________________

1. Please explain your circumstances and why you are requesting a change in your dependency status. Include information on your living arrangements for the past two years, whereabouts of your parent(s) and their living arrangements, and why you no longer reside with your parent(s).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Is a parent or guardian paying your expenses?  Yes _____ No _____
If “YES” what are they paying for and the amount?

_________________________________________  $ __________________________
_________________________________________  $ __________________________
_________________________________________  $ __________________________
_________________________________________  $ __________________________

$ __________________________
Provide the following information (you may be asked to provide documentation) about your expenses PER MONTH in 2009.

**Monthly** rent or house payment $ ___________________

**Monthly** expense for food $ ___________________

Do you receive food stamps? Yes _____ No _____

If “YES”, what is the monthly value of food stamps $ ___________________

**Monthly** costs:

Gas/Elec $ ___________ Water $ ___________

Cable $ ___________ Phone $ ___________

Car Payment $ ___________ Insurance $ ___________

Gas/Oil $ ___________ Child Care $ ___________

Medical/Dental $ ___________ Other $ ___________

Did anyone claim you on their 2009 Federal Income Tax Return? Yes _____ No _____

If yes, Person’s Name and Relationship to you: ___________________________

Do you live with someone? Yes _____ No _____

If “Yes”, provide the following information about that person

Name ___________________________ Relationship ___________

Phone # _______________________

How long have you resided at this address? Mo. _____ Yr. _____

Is this person paying for any of your expenses? Yes _____ No _____

If “YES”, what expenses are being paid?

_________________________________________ $ ___________________

_________________________________________ $ ___________________

_________________________________________ $ ___________________

_________________________________________ $ ___________________

I CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_________________________________________ Date
HILL COLLEGE
INSTITUTIONAL DEPENDENCY CHANGE REQUEST
2010 - 2011

REFERENCE

Name of Applicant ________________________________________________________________

1. How long have you known the applicant? ____________________________________

2. Are you related to the applicant?                Yes _______ No _______

   If “YES”, what is your relationship to the applicant ______________________________

3. Please describe the applicant’s situation and explain why you believe that the applicant
   should be classified as an independent student for financial aid purposes. If you need
   more space to explain, please attach a letter or use the back of this form.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
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   _______________________________________________________________________
   _______________________________________________________________________

I certify that all the information on this form is true and complete to the best of my knowledge.
I also understand that I may be contacted if further information is needed.

Name of reference ______________________________________________________________

Address _______________________________________________________________________

City __________________________ St. _________ Zip __________________

Phone # __________________________ Best time to be reached ________________________

Work # ___________________________ Best time to be reached ________________________

________________________________________         ___________________________________
Signature          Date
HILL COLLEGE
INSTITUTIONAL DEPENDENCY CHANGE REQUEST
2010 - 2011
REFERENCE

Name of Applicant ________________________________________________________________

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Name of reference ______________________________________________________________

Address _______________________________________________________________________
City ______________________________________  St. _________  Zip __________________
Phone # __________________________ Best time to be reached ________________________
Work # ___________________________  Best time to be reached _________________________

Signature ___________________________  Date ___________________________
HILL COLLEGE
INSTITUTIONAL DEPENDENCY CHANGE REQUEST
2010 - 2011
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Address _______________________________________________________________________

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Phone # ___________________________ Best time to be reached ______________________

Work # ___________________________ Best time to be reached ______________________

____________________________________________________         ______________________
Signature                   Date

04-16-10