

Chowan University
 Financial Aid Office
 One University Place
 Murfreesboro, NC 27855
 Phone: 252-398-6535
 Fax: 252-398-6513
 Email:
 finaid@chowan.edu



CHOWAN
UNIVERSITY

Priority Dates
Returning Students
February 28, 2020

New Students
April 30, 2020

Financial Aid Office

2020-2021 Dependency Status Request Form

In rare instances, a student may have extenuating circumstances that are not identified when completing the Free Application for Federal Student Aid (FAFSA). This request process gives the student the ability to state difficult circumstances that may permit a change in dependency status.

A. Student's information

Student's Name	Date of Birth	SSN XXX-XX-
Permanent Mailing Address	City, State	Zip Code
Student's Cell Phone	Parent's Cell Phone	Home Phone

Dependency Status: Circumstances that DO NOT justify a dependency override:

- Parents refuse to contribute to the student's education
- Parents unwillingness to provide information on the FAFSA or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student does not live with their parents
- Student demonstrates total self-sufficiency

Circumstance	Supporting Documents	Resources to Consider and Contact
Death of Both Parents	Copies of each death certificate, obituary, or funeral service	Online newspapers, funeral home records, family records
Death of custodial parent and non-existent relationship with surviving parent.	Copies of death certificate, obituary, or funeral service	Online newspapers, funeral home records, family records
Lack of contact and relationship with either parent	Personal statement and two (2) third party documents	Counselor, minister, attorney, educator, doctor or social worker
Not living with parents due to estrangement, abandonment, incarceration or mental incapacity	Documents that attest to circumstances	Social Services, police reports, court documents, medical records
Not living with parents due to unsafe home environment	Documents that attest to an unsafe home environment	Social Services, police reports, court documents, medical records
Since turning 13, I have been: in foster care, or considered a ward of the court.	Documents that attest to circumstances	Social Services, police reports, court documents
I am in legal guardianship or considered an emancipated minor.	Documents that attest to circumstances	Social Services, police reports, court documents
I am considered: a homeless youth, at risk of being homeless, or an unaccompanied minor since July 1, 2019.	Documents supplied by the McKinney-Vento Act	High school or school district homeless liaison, director of emergency shelter or transitional housing program, a director of a runaway or homeless youth basic center

Return to: Chowan University - Financial Aid Office – One University Place – Murfreesboro, NC 27855
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Upload forms online at netpartner.chowan.edu

2020-21 Dependency Request

B. PERSONAL STATEMENT – Your Personal Statement Should Include ALL of the following:

- ✓ Explain, in detail, why you should be considered independent for the 2020-2021 school year.
- ✓ You must explain why **BOTH** your parents are unavailable to participate in the Financial Aid Process.

All information will be kept private within your Financial Aid file and will only be accessible by Financial Aid staff and University staff in which we deem necessary.

Reason why **Father/Parent 1** is unavailable to participate:

Reason why **Mother/Parent 2** is unavailable to participate:

PLEASE SUBMIT ALL SUPPORTING DOCUMENTS

C. At any time during 2018 or 2019 did you receive benefits from any of the federal programs listed?

Medicaid or Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps - Supplemental Nutrition Assistance Program – (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Price School Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

D. Certification and Signature

Please return this information within the next 14 days.

By signing this worksheet, I certify that all information reported is complete and correct. I authorize the Financial Aid Office to perform necessary electronic corrections to the FAFSA on my behalf.

(Student's Signature)

(Date)

Approved	Denied
Date _____ FAA _____	Date _____ FAA _____

Choose Affordability. Choose Faith in Your Future.