



## Dependency Continuation for Returning Students 2019-2020

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Student's ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**In order for the Financial Aid Office to continue considering you an independent student for financial aid purposes, you must complete this form and provide the following documentation:**

**STEP 1:** Complete and submit 2019-2020 Free Application for Federal Student aid (FAFSA) online at: <http://www.fafsa.gov>. WCU's title IV School Code is: 002981. You may leave the parent section blank.

**STEP 2:** A personal letter requesting continuation of independent status, updating your family circumstances since your Dependency Appeal. Please include the following information in your letter:

- The current residence of your biological or adoptive father and mother. Include any contact and frequency that you had with them over the past year.
- The reason you cannot provide parental financial information on the 2019-2020 Free Application for Federal Student Aid (FAFSA). If the reason has not changed since your initial appeal, you do not need to give the same details again. Just state the reason and that it has not changed.
- Your living arrangement(s) over the past year. With whom did you reside, where and for dates? Who provided financial support to you during the past year?
- Your name, student ID number and signature are on this letter.
- Did anyone claim you on their 2017 or will claim you on their 2018 Federal Tax Return? No \_\_\_\_\_

Yes \_\_\_\_\_ Person's Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### STEP 3. CERTIFICATION STATEMENT:

- (1) I understand that if I purposely give false or misleading information on this worksheet, I may receive a fine, a prison sentence or both.
- (2) If my situation changes and I regain contact with my parent(s) or begin receiving financial support from them, I must immediately report this information to WCU Financial Aid Office.
- (3) I am authorizing the WCU Financial Aid Office to verify my third party information.

**By signing this information request, I certify that all of the information listed on the form concerning my request for a dependency override continuation is correct and complete.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_