

Aid Year: _____

Request for Review of Dependency Status

Financial Aid Office
John Wood Community College
1301 South 48th Street
Quincy IL 62305
(217) 641-4312 / fax (217) 221-0778

To be considered for a dependency override you will need to demonstrate, with appropriate documentation, that either

- your single parent is incarcerated, or
- your parents have abandoned you, or
- you are a victim of an abusive family environment and you no longer reside with your parents.

Social Security Number

Last Name First Name MI

Address City State Zipcode

Home Phone Work Phone Cell Phone

Date you left your parents' household: _____

How long have you lived at the address listed above? _____

Previous residency if less than 6 months: _____

Do you live by yourself? _____

If not, with whom do you live? _____

You must attach appropriate documentation. Please note: no action will be taken on requests that are incomplete and do not have all documentation attached. Attached documents will not be returned to you.

Checklist of potential documentation:

- _____ letter detailing your circumstances (required)
- _____ copy of any existing court papers that verify your circumstances
- _____ signed letter from your clergy, counselor, and/or other third-party indicating their knowledge of your circumstances.
- _____ copy of your DD 214 (if you are a veteran)

Office Use Only:

Approved _____ Denied _____ By: _____ Date: _____