



HOLMES  
COMMUNITY COLLEGE  
Office of Financial Aid  
P.O. Box 216, Goodman, MS 39079

### Dependency Status Review

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_@student.holmescc.edu

Financial aid regulations state that dependent students are required by law to provide parental information and signatures to be considered for financial aid. If you have documentable extraordinary circumstances, you may petition for a waiver of federal regulations requiring parental information.

#### The following documentation is required:

- **Personal Statement:** Provide a thorough written explanation including the history of your situation, describing the extraordinary circumstance(s) that have caused you to request a dependency status review to be considered independent. Within this statement, also address the following questions:
  - Where are both of your parents located?
  - When and where was the last time you had contact with each of your parents? What was the nature of the contact?
  - How have you been supporting yourself? When did you start covering your expenses without parental support?
- **Third-Party Substantiation – Professional:** Provide two statements from pillars of the community (*ex. Pastor, high school counselor, etc.*) that are familiar with your circumstances. You may also submit supporting legal documentation that describes your circumstance in lieu of such a statement. (*Court documents, death certificate, etc.*)
- **Third-Party Substantiation – Personal:** Provide a supplemental letter from an adult or relative who has direct knowledge of you situation explaining your circumstance(s).

**CERTIFICATION:** All of the information provided by others and me (the student) on this form and attached documentation is true and complete to the best of my knowledge. If asked, I agree to give any additional proof of special or unusual circumstance or provide an explanation of why specific information cannot be provided. I understand that to be considered for dependency override, I must provide all detailed information requested. I also understand that the determination of this request is final and cannot be appealed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Return this form by: \_\_\_\_\_

Fax to (662) 472-9170 or submit to any campus Financial Aid Office