

VICTORIA COLLEGE

DEPENDENCY CHANGE REQUEST INSTRUCTIONS 2024-2025

OFFICE OF FINANCIAL AID
OFFICE: (361) 572-6415 / FAX: (361) 572-6493

The law governing the Federal Student Aid program is based on the principle that the family is the first source of the student's support.

This application is available to you if:

1. You do not meet the definition of an independent student for financial aid purposes as defined by the U.S. Department of Education, *and*
2. You believe that you have a justifiable unusual circumstance that differentiates you from other Victoria College students making it unreasonable to assess your parents' ability to contribute to your educational costs.

The Department of Education emphasizes the need to make dependency overrides only for students with unusual circumstances on a case-by-case basis and to document the unusual circumstances that the financial administrator relied upon in making the override. The Department has identified four conditions that, individually or in combination with one another, do not qualify as "unusual circumstances" and that do not merit a dependency override. Those circumstances are:

- Parents refusing to contribute to the student's education
- Parents unwilling to provide information on the application or for verification
- Parents not claiming the student as a dependent for income tax purposes
- Students demonstrating total financial self-sufficiency.

To apply for a dependency change, you must submit the following to the Financial Aid Office:

1. A completed "Dependency Change Request Application" (attached).
2. A completed "Dependency Change Request - Reference Form" (attached) from your parent. If it is absolutely impossible to secure a reference from your parent, you may substitute another close relative (e.g. grandparent, aunt, uncle, etc.). On your application, Section II, document why you were unable to secure a reference form from your parent.
3. A completed "Dependency Change Request - Reference Form" (attached) from the person with whom you reside. If you live alone, another close relative or friend would be sufficient.
4. A completed "Dependency Change Request - Reference Form" (attached) from a professional (i.e. pastor, attorney, counselor, teacher, principal, employer, etc.) who is not related to you and is familiar with your unusual circumstance.
5. Any additional supporting documentation that you believe will further justify a dependency change.
6. You may also be requested to provide additional documentation to support your application (i.e. copies of parents' income tax returns, copies of your income tax returns, etc.). You will be notified if additional documents are required.
7. Students approved for a dependency change for the 2024-2025 school year by Victoria College must submit the Request Application form and a signed letter stating the circumstances which had warranted the change are still in effect. The reference forms are not required.

**DEPENDENCY CHANGE REQUEST
APPLICATION
2024-2025**

Office of Financial Aid
Office: (361) 572-6415 Fax: (361) 572-6493

OFFICE USE ONLY

Student Name: _____ Student ID V#: _____

I. Complete the following expense and resource information for calendar year 2022.

EXPENSES FOR 2022		RESOURCES FOR 2022	
Housing/Rent	\$	Employment	\$
Food	\$	Social Security	\$
Car Payments/Maintenance	\$	AFDC/TANF	\$
Gasoline	\$	Food Stamps	\$
Utilities: Electric	\$	Other Welfare Benefits	\$
Gas	\$	VA Benefits	\$
Telephone	\$	Child Support	\$
Water	\$	Monetary Gifts	\$
Child Care	\$	Housing, food, and other living allowances provided by parents, relatives, friends, military, etc.	\$
Clothing	\$		
Insurance	\$		
Tuition/Fees/Books	\$	Scholarships	\$
Personal/Entertainment	\$	Grants	\$
Other (specify):	\$	Loans	\$
	\$	Other (specify):	\$
	\$		\$
TOTAL EXPENSES FOR 2022	\$	TOTAL RESOURCES FOR 2022	\$

II. Provide a detailed statement explaining your unusual circumstance, including why you believe it is unreasonable to assess your parents' ability to contribute to your education and any additional information which will distinguish your situation as out of the ordinary. Please attach a separate page, if additional space is needed.

III. Were you or will you be claimed as an income tax exemption by either parent in 2020 Yes No
 2021 Yes No
 2022 Yes No

If yes, by whom? Father Mother Stepfather Stepmother Other _____

IV. Complete the following:

Address:	Person with whom you reside:
Phone: ()	What is your relationship to this person?
	How long have you lived with this person?

I certify that the information provided on this form is complete and accurate:

Signature _____ Date _____

OFFICE USE ONLY: Action Taken: _____ Date: ____/____/____ FA Initials: _____
Comments: _____ _____
Corrections Received: _____

**DEPENDENCY CHANGE REQUEST
REFERENCE FORM
2024-2025**

Office of Financial Aid
Office: (361) 572-6415 Fax: (361) 572-6493

OFFICE USE ONLY

Student Name: _____

Student ID V#: _____

- I. What is your relationship to the applicant? _____
- II. How long have you know the applicant? _____

You may provide a letter or complete this form. Provide a detailed statement explaining your view of the applicant's unusual circumstance, which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the applicant's education, and any additional information, which will distinguish the applicant's situation as out of the ordinary.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.	
Signature of Reference:	Date:
Print Name:	Home phone: Work phone:
Address:	Best time to be contacted:

**DEPENDENCY CHANGE REQUEST
REFERENCE FORM**

2024-2025

Office of Financial Aid

Office: (361) 572-6415 Fax: (361) 572-6493 fax

Student Name: _____ Student ID V#: _____

III. What is your relationship to the applicant? _____

IV. How long have you know the applicant? _____

You may provide a letter or complete this form. Provide a detailed statement explaining your view of the applicant's unusual circumstance, which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the applicant's education, and any additional information, which will distinguish the applicant's situation as out of the ordinary.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.			
Signature of Reference:		Date:	
Print Name:		Home phone:	Work phone:
Address:		Best time to be contacted:	

**DEPENDENCY CHANGE REQUEST
REFERENCE FORM
2024-2025**

Office of Financial Aid

Office: (361) 572-6415 Fax: (361) 572-6493

Student Name: _____ Student ID V#: _____

V. What is your relationship to the applicant? _____

VI. How long have you known the applicant? _____

You may provide a letter or complete this form. Provide a detailed statement explaining your view of the applicant's unusual circumstance, which has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why it would be unreasonable to assess the parents' ability to contribute to the applicant's education, and any additional information, which will distinguish the applicant's situation as out of the ordinary.

I certify that the information provided on this form is complete and accurate. I understand that I may be contacted for further information or clarification.			
Signature of Reference:		Date:	
Print Name:	Home phone:	Work phone:	
Address:	Best time to be contacted:		