VICTORIA COLLEGE

DEPENDENCY CHANGE REQUEST INSTRUCTIONS 2025-2026

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 2025-2026 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

2025-2026

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

tudent Name:		Student ID V#:	
			2022
	expense and	l resource information for calendar	r year 2023.
EXPENSES FOR 2023		RESOURCES FOR 2023	T &
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	
Clothing	\$	allowances provided by parents,	
Insurance	\$	relatives, friends, military, etc.	\$
Tuition/Fees/Books	\$	Scholarships	\$
Personal/Entertainment	\$	Grants	\$
Other (specify):	\$	Loans	\$
	\$	Other (specify):	\$
	\$		\$
TOTAL EXPENSES FOR 2023	\$	TOTAL RESOURCES FOR 2023	\$
II. Were you or will you be clair	ned as an inco		21 Yes No 022 Yes No 023 Yes No
, ,		20	Yes No
If yes, by whom? Father IV. Complete the following:		Stepfather Stepmother Other	Yes No No No
If yes, by whom? Father		20	Yes No No No
If yes, by whom? Father IV. Complete the following:		Stepfather Stepmother Other Person with whom you resid	1022 Yes No 1023 Yes No 1023 Yes No
If yes, by whom? Father IV. Complete the following:		Stepfather Stepmother Other	Yes No
If yes, by whom? Father IV. Complete the following: Address:	Mother	Stepfather Stepmother Other Person with whom you resid What is your relationship to How long have you lived wit	Yes No
If yes, by whom? Father IV. Complete the following: Address: Phone: ()	Mother	Stepfather Stepmother Other Person with whom you resid What is your relationship to How long have you lived wit	Yes No
If yes, by whom? Father IV. Complete the following: Address: Phone: () I certify that the information pro-	Mother	Stepfather Stepmother Other Person with whom you resid What is your relationship to How long have you lived wit sform is complete and accurate: Date	122 Yes No 123 Yes No 124 No 125 No 126 No 127 No 128 No 129 No 1
If yes, by whom? Father IV. Complete the following: Address: Phone: () I certify that the information pro-	Mother	Stepfather Stepmother Other Person with whom you resid What is your relationship to How long have you lived wit sform is complete and accurate: Date	122 Yes No 123 Yes No 1de:
If yes, by whom? Father IV. Complete the following: Address: Phone: () I certify that the information pro- Signature OFFICE USE ONLY: Action Taken:	Mother	Stepfather Stepmother Other Person with whom you resid What is your relationship to How long have you lived wit sform is complete and accurate: Date	122 Yes No 123 Yes No 126 No 127 No 128 No 129 No 1

DEPENDENCY CHANGE REQUEST REFERENCE FORM 2025-2026

Office of Financial Aid

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

OFFICE USE ONLY

tude	ent Name:	Student ID	V#:
	What is your relationship to the applic	ant)	
I.	How long have you know the applicant		
1.	You may provide a letter or complete the applicant's unusual circumstance, whice financial aid purposes. Include information would be unreasonable to assess the paradditional information, which will dist	nis form. Provide a detailed statementh has prompted a request to change ation regarding the applicant's relating the applicant's relating the applicant of the applicant and the applicant applican	e his/her dependency status for onship with his/her parents, why it oplicant's education, and any
	ertify that the information provided on t ntacted for further information or clarifi		. I understand that I may be
Sig	gnature of Reference:		Date:
Pri	int Name:	Home phone:	Work phone:
Ad	ldress:	Best time to be con	tacted:

DEPENDENCY CHANGE REQUEST REFERENCE FORM

2025-2026

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

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.				
is complete and accurate. I understand that I may be				
Date:				
Home phone: Work phone:				
Best time to be contacted:				
il h				

DEPENDENCY CHANGE REQUEST REFERENCE FORM 2025-2026

Office of Financial Aid

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

Student	Name:	Student ID V#:			
V. VI.	What is your relationship to the applicant?				
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.					
Signa	ature of Reference:		Date:		
Print	Name:	Home phone:	Work phone:		
Addı	ress:	Best time to be contacted:			