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QC Student ID # \_\_\_\_\_

## Petition To Apply For Financial Aid as an Independent Applicant

Name: \_\_\_\_\_ Social Security Number: XXX - XX - \_\_\_\_\_

Address: \_\_\_\_\_ Academic Year \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Financial Aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your financial information.

Occasionally, due to unusual circumstances a student should not be considered a dependent student. This decision is made after careful consideration of the facts provided to the school along with this application. Some of the circumstances that CANNOT be considered are: a student who no longer lives at home by choice, a parent or stepparent(s) unwillingness to provide the necessary financial information to complete the financial aid application or when a parent(s) lives in another state or country. You will be asked to provide documentation that explains your request to be considered an independent student. You will be required to provide supporting documentation in the form of letters or statements from people who are intimately aware of your particular circumstance. Please be aware that if your application is not complete we cannot review your request. Statements must be from relatives, clergy, counselors or older siblings.

### 1. Identify the location of both your parents:

Mother/Stepmother:

Father/Stepfather:

2. Describe the last time you had contact with each of your parents. When, where and the nature of the contact (attach an extra page(s) if necessary):

Mother/Stepmother:

Father/Stepfather:

3. Explain the unusual circumstances that you request we review with your application (attach extra pages if necessary).

4. Provide statements from two adults who have intimate knowledge of your situation. One statement may be a friend or family member. One statement must be from a clergy member, social worker; court officer or professional with direct knowledge of your circumstances. Copies of appropriate court documents are required if applicable to you.

5. Please complete the following information to provide confirmation of your ability to support yourself:

**Monthly Expenses:**

Rent/mortgage    \$ \_\_\_\_\_  
Telephone        \$ \_\_\_\_\_  
Utilities         \$ \_\_\_\_\_  
Cable             \$ \_\_\_\_\_  
Groceries        \$ \_\_\_\_\_  
Transportation   \$ \_\_\_\_\_  
Misc.Personal    \$ \_\_\_\_\_

**TOTAL**            \$ \_\_\_\_\_

**Monthly Income:**

Employment       \$ \_\_\_\_\_  
Unemployment    \$ \_\_\_\_\_  
SSI/Disability    \$ \_\_\_\_\_  
Workers Comp     \$ \_\_\_\_\_  
TAFDC/EAEDC    \$ \_\_\_\_\_  
Friend/Relative   \$ \_\_\_\_\_  
Inheritance/Trust \$ \_\_\_\_\_

**TOTAL**            \$ \_\_\_\_\_

Please provide copies of paid utility bills, lease and cancelled checks for other paid expenses. The lease and utility bills should be in your name. If you share these expenses then provide proof that you have paid your share.

6. A signed copy of your Federal Tax Return for the previous two years and proof of any other sources of income.

**I CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Student Signature \_\_\_\_\_

Accept \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Financial Aid Representative \_\_\_\_\_

Director of Financial Aid \_\_\_\_\_