



2007-08 Independent Student Policy

Western Dakota Tech

Financial Aid Office

www.westerndakotattech.org

800 Mickelson Drive - Rapid City, SD 57703-4018

1-800-544-8765

605-394-4034

Fax: 605-394-2204

**Please complete the back of this form,
and submit the required documentation**



REV. 3/2007

The U.S. Department of Education defines an independent student as one who:

1. Is at least 24 years old by December 31 of the award year; or
2. Is a graduate or professional student (does not apply to WDTI students); or
3. Is married; or
4. Has legal dependents and provides more than half of their support; or
5. Is an orphan or ward of the court; or was until the age of 18, or both of their parents are deceased; or
6. Is a veteran of the U.S. Armed Forces.

Federal Financial Aid regulations also define an independent student as a student for whom a financial aid administrator determines and documents the student's independence status on the basis of unusual circumstances. **Please note: Residency away from a parent is not, in itself, sufficient reason to declare a student as Independent for Federal Financial Aid Purposes.**

The Manager of Financial Aid will consider requests for a Dependency Override, which is authorizing the processing of a student aid application as independent, when the following documentation has been submitted with the request:

1. Documentation of the student's income for the last two calendar years, including
 - ▶ Signed copies of Student's income tax returns for the last two calendar years, or corroboration of income and taxes paid for the last two calendar years in the form of a Letter 1722 obtained from an IRS Office; and
 - ▶ W-2 forms; and
 - ▶ Pay slips.
2. Documentation of the student's residence (listed by date if more than one place of residence) for the last two full calendar years.
 - ▶ Landlord's statements; and
 - ▶ Rent receipts for the period.
3. Documentation of the student's payments for housing, utilities, vehicle maintenance, and insurance (rental, auto, health) for the last two full calendar years.
4. Written explanation/summary of reason the student feels he/she should be considered independent for financial aid purposes.
5. Statement(s) by a knowledgeable professional third party documenting special circumstances on behalf of the student. (Priest, minister, social worker, counselor, teacher, Principal, banker, funding agent representative, or court documents.)
6. Certification by student that there has been no support from parents or guardians for the last two full calendar years. (Does not include reasonable gifts, i.e., Christmas, birthday, etc.)

The request will be reviewed when all documentation is presented. The student will receive written notification, along with directions on how to proceed with the financial aid application. All decisions, which are based based on the Financial Aid Coordinator's good faith efforts to comply with the intent of the law, are final.

I understand the documentation required to initiate a request for the Manager of Financial Aid to consider my request for a Dependency Override. I request that the Manager of Financial Aid use Professional Judgment to consider my unusual circumstances in order to override my dependency status for Federal Financial Aid Purposes. By signing this form, I certify that all information reported to qualify for Federal Student Aid, and in the use of processing my request for Dependency Override, is complete and true to the best of my knowledge. I understand that if I give false or misleading information, I may be fined, sentenced to jail, or both, as it may constitute fraudulent intent or fraudulent use of Title IV funds.

Printed Name: _____ Student's Signature: _____

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, _____.

MY SEAL EXPIRES ON _____.

WDT Mission: A public institution of higher learning where students acquire the knowledge, skills and behaviors necessary for successful employment.

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What is the amount of financial support you received from your parents/guardians for the last two full calendar years?

Please list the other support you have received from your parents/guardians (examples, health insurance, room and board).

Please identify the gifts received from your par ents/guardians (type and approximate amount).

Please complete the following statement of your annual calendar year expenses:

Expenses	Jan-Dec _____	Jan-Dec _____
Housing		
Home Insurance		
Food		
Transportation		
Vehicle Insurance		
Health Insurance		
Telephone		
Water/Garbage		
Electricity		
Cable		
Personal		
Entertainment		
Other (please list): _____		
Other (please list): _____		
Other (please list): _____		
TOTALS	\$	\$

Checklist of items required to be submitted:

- Signed copies of Income Taxes (and/or other income documentation) for last two full years.
- Documentation of residence, including landlord statements, rent receipts, lease agreement for last two full years.
- Documentation of student's expenses (must be listed in student's name) and corresponding payments for last two full years.
- Written statement explaining **unusual circumstances** and why you should be considered an independent student for federal financial aid purposes.
- Statement by a knowledgeable professional third-party documenting special circumstances, or copies of court documents.
- This form properly completed, signed and notarized.

For Office Use	<input type="checkbox"/> Approved Award Year _____ <input type="checkbox"/> Denied Date: _____	_____ Signature of Financial Aid Official
Notes _____ _____ _____		