

LOUISIANA STATE UNIVERSITY-SHREVEPORT
INSTITUTIONAL DEPENDENCY CHANGE REQUEST 2009-2010
INSTRUCTION SHEET

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs for students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parental income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid. Additionally, in guidance received from the Department of Education on May 2, 2003, the following circumstances **do not** qualify a student for a dependency override:

1. Parents refusing to contribute to the student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the student as a dependent for income tax purposes;
4. Student demonstrating total self-sufficiency.

Even though you do not meet the federal definition of an independent student, you are claiming that you are self-supporting and are requesting that the Financial Aid Office at Louisiana State University-Shreveport (LSU-S) change your dependency status. Before the Financial Aid Office at LSU-S will consider changing your dependency status, the following documents must be provided:

1. Complete the attached "applicant" form and return it to the Financial Aid Office with the items required in two and three below.
2. Have references complete the attached "reference" forms and return them to the Financial Aid Office. References may be submitted for each of the following persons who can verify your situation. Three references are required.
 - Parents-A "reference" form from one of your parents is **REQUIRED**.
 - Close relative (other than parent) with whom you are presently living.
 - High School/College Teacher or Professor, Counselor or Principal.
 - Tax accountant and/or attorney.
 - Person(s) with whom you reside.
 - Director of boys' ranches, children's home, girls' towns, or similar institutions.
 - Pastor or clergy person.
3. Applicant must submit the following documents.
 - Signed copies of your parent's 2007 and 2008 income tax returns.
 - Signed copies of your 2007 and 2008 income tax returns.
 - Signed copy of the 2008 income tax return of the person(s) with whom you reside if they provide any form of support for you.
 - Free Application for Federal Student Aid (FAFSA) for 2009-2010. When completing the FAFSA do not include any parental information. If your request for a dependency override is not approved, your FAFSA will be returned to you and you will be required to furnish parental information as required by financial aid regulations.

After you have provided these documents, your request for a change in your dependency status will be presented to a committee within LSU-S. This committee will determine whether a change in your dependency status is warranted. You will receive written notification of the committee's decision. Please be aware that a dependency override granted by LSU-S is not binding on another school. If you are granted a dependency override at LSU-S, another school may require you to document your situation again and may or may not approve your request.

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APPLICANT'S STATEMENT

Name of Applicant _____ Social Security Number _____

1. Provide the following income and support received January 2008 through December 2008 (Enter an amount for all items. If you have nothing to report enter "zero".)

SOURCE OF INCOME AND SUPPORT	GROSS AMOUNT RECEIVED FOR THE YEAR
Student's Income from Work	\$ _____
Unemployment Compensation	_____
Workmen's Compensation	_____
Social Security Benefits	_____
Food Stamps	_____
Housing Assistance	_____
Child Support	_____
Housing, food, & other allowances	_____
Other income (specify) _____	_____
TOTAL	\$ _____

2. Will you receive any support from your parents during the 2009-2010 school year (food, car insurance, car expenses, health insurance)?

Yes _____ No _____

3. Please explain briefly what your circumstances are for requesting a change in your dependency status. Include in this explanation how you have been self-supporting: a) when did you start meeting your own expenses without parental support; and b) how have you provided for yourself? If you need additional space, please use the back of this form.

4. Identify the location of both your parents:

Mother _____
Father _____

5. Describe the last time you had contact with each of your parents-when, where, and the nature of the contact:

Mother _____
Father _____

6. If you reside with someone and they provide any form of support for you, please provide information about that person:

Name _____ Address _____
City/State/Zip _____
Relationship _____ Length of Residency _____

I certify that all of the information on this form is true and correct:

Signature _____ Date _____
Address _____ Telephone _____
City/State/Zip _____

Please return completed form to: Louisiana State University-Shreveport
Office of Student Financial Aid
One University Place
Shreveport, LA 71115-2399

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PARENT'S STATEMENT

Name of Applicant _____ Social Security Number _____

1. With whom does the applicant reside? _____

2. Please explain briefly what your relationship with your son/daughter is. If you need additional space, please use the back of this form.

5. List below any financial support you provided for your child.

	2007	2008
Rent	_____	_____
Food	_____	_____
Clothing, Personal Expenses	_____	_____
Health Insurance	_____	_____
Car Payment	_____	_____
Car Expenses (insurance, gas)	_____	_____
Utilities	_____	_____
School expenses (tuition, books)	_____	_____
Other	_____	_____

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____

Signature _____

Relationship to Applicant _____

Address _____

City, State, Zip _____

Telephone Number _____

Best Time to be reached at Telephone Number _____

Date _____

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Office of Student Financial Aid
One University Place
Shreveport, LA 71115-2399

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REFERENCE

Name of Applicant _____ Social Security Number _____

1. How long have you know the applicant? _____
2. Are you related to the applicant? _____ If so, how? _____
3. With whom does the applicant reside? _____
4. Please explain briefly what you know to be the applicant's relationship with his/her parents. If you need additional space, please use the back of this form.

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) _____
Signature _____
Title/Relationship to Applicant _____
Address _____
City, State, Zip _____
Telephone Number _____
Best Time to be reached at Telephone Number _____
Date _____

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