

VINCENNES UNIVERSITY

2026-2027 REQUEST TO CHANGE DEPENDENCY STATUS

Student Name: \_\_\_\_\_ VU ID# \_\_\_\_\_
Valid Email \_\_\_\_\_
Address \_\_\_\_\_ Home Ph. (\_\_\_\_\_) \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Ph. (\_\_\_\_\_) \_\_\_\_\_

Why we need this form and the information we ask for:

According to federal regulations, the underlying principle of need analysis for federal financial aid is that parents have an obligation to finance the education of their child(ren) to the extent they are able. The need analysis tries to measure ability to pay, not willingness. If there are extenuating circumstances that have caused a break in the normal parent/child relationship, you may appeal to have your status changed to independent so that you will not have to provide parental data. The unwillingness of your parent(s) to provide parental data on your financial aid application or to financially support your education, or your unwillingness to seek financial assistance from your parent(s) is NOT an acceptable reason to appeal your dependency status. Having sufficient resources to pay your own expenses is also NOT considered an extenuating circumstance for determining dependency status.

For 2026-2027, you are considered an independent student who does not have to submit parental data for financial aid purposes if you meet one of the following conditions at the time you complete and sign the Free Application for Federal Student Aid (FAFSA):

- you were born after the year 2002.
you are currently serving on active duty in the U.S. Armed Forces for purposes other than training
you are a veteran of the U.S. Armed Forces
you will be working on a master’s or doctorate program (such as MA, MBA, MD, JD, or Ph.D., etc.) during the 2026-2027 academic year.
at age 13 or older, you were in foster care, or were a dependent/ward of the court.
you are an emancipated minor as determined by a court in your state of legal residence. (For residents of Indiana this must have occurred prior to your 18th birthday.)
you are in legal guardianship as determined by a court in your state of residence. (For residents of Indiana this must have occurred prior to your 18th birthday.)
you are married or separated but not divorced.
you have children who will receive more than half of their support from you between July 1, 2026, and June 30, 2027.
you have legal dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2027.
at any time on or after July 1, 2025, you were an unaccompanied student and either 1) homeless or 2) self-supporting and at risk of being homeless as determined by one of the following:
your high school or school district homeless liaison;
the director of an emergency shelter program funded by the US Department of Housing and Urban Development;
the director of a runaway or homeless youth basic center or transitional living program;
Director or designee of a project supported by a federal TRIO or GEAR UP program grant;
Financial aid administrator.

“Homeless” means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would provide support and a place to live.

“Unaccompanied” means you are not living in the physical custody of your parent or guardian.

It is important to understand that a student who is declared independent as a direct outcome of this request would be considered independent by professional judgment. Requests will be reviewed by the financial aid administrator designated by the director. The student will be notified in writing via mail or email of the decision. The decision is final and cannot be appealed.

Directions for completing the request are on page 2.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

**Step 1: Provide a signed letter clearly explaining your relationship with your parent(s) and the family situation.**

**Step 2: Please check the category that applies to your situation and provide the required documentation for that situation.**

My custodial parent has died and the other natural parent is still living. I have neither had contact with nor received any financial support from the living parent for a significant length of time (ordinarily at least 6 months).

**Required Documentation:**

1. A copy of the death certificate of the deceased custodial parent,
2. Documentation of the custodial relationship (for example, a court document, a copy of the divorce decree, or other evidence the deceased was the custodial parent), or
3. A signed letter from an objective third party (e.g., minister, social worker, counselor, teacher, doctor, or other professional) on letterhead that supports your claim that you neither lived with nor received financial support from the noncustodial parent during the last 6 months. The letter should provide the party's factual knowledge of your circumstances.

My custodial parent is incarcerated.

**Required Documentation:**

1. A signed letter from an objective third party (e.g., minister, social worker, counselor, teacher, doctor, or other professional) on letterhead explaining the situation in detail providing factual knowledge of the student's circumstances, and
2. One or more of the following:
  - a. Copies of police reports **OR**
  - b. Copies of court reports

I am currently living with adults who are neither a parent, adoptive parent, nor foster parent, and I have lived with these adults for (ordinarily) at least 6 months.

**Required Documentation:**

1. A signed letter/statement from the adults about your living arrangements and circumstances requiring this arrangement, and
2. A signed letter from an objective third party (e.g., minister, social worker, counselor, teacher, doctor, or other professional) on letterhead that supports your claim that you neither lived with nor received financial support from either parent for (ordinarily) at least 6 months. The letter should provide the party's factual knowledge of your circumstances.

I have been separated from my parents due to an unsafe home environment. (Note: The separation may be the result of physical abuse, emotional abuse, or drug and/or alcohol abuse.)

**Required Documentation:**

1. A signed letter from an objective third party (i.e. minister, social worker, counselor, teacher, doctor, or other professional) on letterhead paper explaining the situation in detail providing factual knowledge of the student's circumstances, or
2. One or more of the following:
  - a. Letter from an adult who is an **independent** third party (non-relative or non-friend) and who knows about the situation and can support your statement; i.e., parents of a friend, neighbor, or employer. The letter must include an introduction of the individual writing the letter and explain how he/she knows and can attest to the facts of the unsafe environment.
  - b. Copies of police reports.
  - c. Copies of court reports or documentation from a social service agency providing factual knowledge of the student's circumstances

I am divorced after being married for at least 1 year and now maintain a separate residence from my parents on my own income.

**Required Documentation:**

1. Copy of Divorce Decree or a statement from an attorney showing the intent to divorce.
2. A detailed letter of explanation.
3. Supporting/corroborating documentation of your situation.

Other Unusual Circumstances

**Required Documentation:**

1. A detailed letter of explanation.
2. Supporting/corroborating documentation of your situation.

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**Step 3: Certifications and Signatures**

I certify that all the information provided is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined, imprisoned, or both. I understand that if the circumstances under which this appeal is granted change, I must report the changes to Vincennes University. I acknowledge that such a change may result in repayment of federal and/or state funds.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Third Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form for the student identified above, I certify that all the information I have provided is true and correct.