CENTURY COLLEGE

A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Financial Aid Office
3300 Century Avenue North
White Bear Lake, MN 55110
Phone: 651-779-3305
Fax: 651-779-5816
E-mail: finaid@century.edu

Student Name _____

Student ID or Star ID _____

Phone _____-_____-_____

Email Address_____

Student Birthdate (MM/DD/YYYY) _____

Request for Review of Dependency Status

The financial aid office has been made aware that your status as a dependent student may not be accurate. In order to best determine what your situation is, and what further information we may need, please review and complete the information requested below, and turn this form into the financial aid office. *Do not leave any fields blank*. Attach a separate page if you need more space to explain your situation.
The financial aid office will review the information and follow up with you regarding what additional steps you need to take and what further documentation we will need.

Why are you unable to provide parental information? Explain *in detail* your relationship with *both* of your biological parents?

When was the last time you lived with your parents (if you do not currently)?

When was the last time you spoke to your parents? Do you have regular contact with them?

Please continue on the back page →

List type(s) of financial support you receive: Financial support from a family member or friend? County or state benefits?

Discuss your current living arrangement and housing situation. Do you live by yourself? Do you pay rent?

Explain how you are able to support yourself: Are you employed? Who provides your health insurance, transportation, etc?

Please turn in a copy of your health insurance card and all W2's from the previous tax year along with this form. Any form turned in without these documents will be automatically denied.

To assist in the decision making process, you may also wish to submit a letter of support from a community member who knows of your situation and can attest to your status as an independent student.

By signing, I attest that all information provided is complete, accurate and true.

Student Signature _____ **Date** _____

Financial Aid Office Use Only

Approved _____

Denied _____

Comments:

_____

_____

_____ _____

Financial Aid Staff Signature Date