



FINANCIAL AID OFFICE  
802 GRAND AVENUE  
GLENWOOD SPRINGS, CO 81601  
FAX: 970-947-8318

## PETITION FOR DEPENDENCY STATUS REVIEW

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_

CMC Email Address: \_\_\_\_\_ @mail.coloradomtn.edu

\*\*\*You will be contacted via your CMC student email if any further information is required\*\*\*

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs 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 information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to unusual circumstances, students should not be considered as dependent. If you can document why you should be considered independent for some unusual reason, you may petition for a waiver of federal regulations requiring parental information. ONLY students with documented extreme circumstances will be considered.

Please attach a separate sheet explaining in detail the answers to these questions:

1. Identify the names AND addresses of both your parents.
2. Describe, in detail, the last time you had contact with each of your parents –WHEN, WHERE, AND nature of the contact.
3. Explain what extreme circumstances should make you an independent student and provide documentation of those circumstances.
4. Describe how you have been self-supporting;
  - a. When did you start meeting your expenses without parental support; and
  - b. How have you provided for yourself? Explain in detail, including source of income and amounts, and sources of in-kind support with dollar amounts.

This petition MUST be accompanied by a notarized, signed document from a viable third party certifying the veracity of all information submitted. Examples of a viable third party might include: a school counselor; social worker; or court/family advocate. The person's name, address, phone number and email address must be included.

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

\*\*\*You will be contacted via CMC email if any further information is required\*\*\*

### OFFICE USE ONLY

FINANCIAL AID AWARD YEAR \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ FAO Signature: \_\_\_\_\_

March 2013