



**2025-2026  
Dependency Status  
Determination for Personal and  
Other Circumstances**

Student ID _____
Student Name _____

Based on guidelines set by the U.S. Department of Education you are a dependent student. However, you have indicated on the FAFSA or to our office that you have personal or other circumstances that would make you an independent student. This form will help our office make a final determination on your circumstance.

Please upload this completed form and any required documentation to your Financial Aid Student Portal at:  
<https://finaid.park.edu/NetPartnerStudent>

Please check the circumstance(s) listed below that apply to your situation.

CHECK BOX	REASON FOR INDEPENDENT STATUS	DOCUMENTATION REQUIRED <i>Examples:</i>
<input type="checkbox"/>	At any time since you turned 13, you were an orphan (no living biological or adoptive parent)	Your birth certificate/adoption documentation <b>and</b> death certificate(s) of parent/parents listed on birth/adoption documents
<input type="checkbox"/>	At any time since you turned 13, you were a ward of the court	Copy of court order stating you were a ward of the court
<input type="checkbox"/>	At any time since you turned 13, you were in foster care	Copy of documentation that you were placed in foster care from state, county, or tribal agency
<input type="checkbox"/>	You are or were a legally emancipated minor, as determined by a court in their state of legal residence	Copy of court order/decision that, as of today, you are an emancipated minor
<input type="checkbox"/>	You are or were in a legal guardianship with someone other than your parent or stepparent, as determined by a court in your state of residence	Copy of court's decision that, as of today or immediately before reaching the age of adulthood in their state you are/were in legal guardianship (this will never include your biological or adoptive parent/parents)
<input type="checkbox"/>	At any time on or after July 1, 2024, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless?	Documentation of homelessness/risk of homelessness from: <ul style="list-style-type: none"> <li><input type="checkbox"/> Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness</li> <li><input type="checkbox"/> Your high school or school district homeless liaison or designee</li> <li><input type="checkbox"/> Director or designee of a project supported by a federal TRIO or GEAR UP program grant</li> <li><input type="checkbox"/> If you are unable to provide documentation from sources listed above, please call our office for an appointment (816) 584-6290</li> </ul>

**Certification Statement - Digital Signatures not accepted**

I certify that all information reported on this form is complete and correct. I understand that changes in the FAFSA information based on the documentation provided may result in a change in financial aid eligibility.

Student (Wet Ink Signature – Digital Signatures not accepted)

Date