

2025-2026 Institutional Dependency Change Request

SECTIO	ON A: STUDENT INFORMATION
Name:	TVCC ID Number:
	t Financial Aid and Scholarships has the authority, through <u>Section 480(d)(7) of the Higher Education Act</u> , to a student's status from dependent to independent in cases involving unusual circumstances.
	review your file for a Dependency Change in cases of abuse, abandonment, or neglect. If your situation falls one of these reasons, complete the Institutional Dependency Change Request Form and follow the ions.
PareParePare	not process a dependency override for any of the following reasons: nts refuse to contribute to the student's education; nts are unwilling to provide information on the application or for verification; nts do not claim the student as a dependent for income tax purposes; ent demonstrates total self-sufficiency.
awards	be advised that the submission of this form does not guarantee any changes to your financial aid 5. To secure a class schedule, the student must ensure tuition is paid in full and be enrolled in a 1m of six (6) credit hours. Failure to submit all required documentation will result in automatic denial form.
~	Ensure the form is completed, proof of income is attached, and return to our office. You must provide 3 separate references, two of these references must be Professional in nature (i.e. School Administration, Pastoral, Supervisor, Counselor, etc.) and one a Character Reference (i.e. friend, family member, co-worker, etc.). Please forward the attached Institutional Dependency Change Request Reference form to your reference to be completed. Have your reference complete the reference form and return to TVCC on your behalf.
	Allow 6-8 weeks for our office to review your form. Student will be notified by email when review is complete

SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted**.

Student

Date

Return this completed form with any required documentation to: Trinity Valley Community College - 100 Cardinal Drive, Athens, TX 75751, fax to (903) 675-6345 or upload your forms to our secure inbox by following this link, https://webapps.tvcc.edu/Jotforms/JF FA FormUpload/.

SECTION C: STUDENT INCOME INFORMATION FOR	THE YEAR 2025			
STUDENT COMPLETING COLUMNS A & B				
Provide your actual and estimated 2025 incom Attach current proof of income	Provide your actual and estimated 2025 income amounts for each item listed below.			
Provide a total amount for each time period. D	O NOT indicate weekly or mo	nthly amounts		
DO NOT include any income in Column B that	t is already accounted for in	COLUMN A Gross Income	COLUMN B Estimated	
Column A. Do NOT leave any lines blank.		Gross receive expected	d Income	
\Box If an amount is zero, indicate with a "\$0."			after today	
		(1/1/25 – today)	(today – 12/31/25)	
Student's wages, salaries, tips		\$	\$	
Social Security Income/Benefits Received		\$	\$	
Veteran's Benefits		\$	\$	
Gifts or money paid on your behalf by	(source)	\$	\$	
Other Income (Please Specify):		\$	\$	
SECTION D: STUDENT APPLICATION				
Will you receive any support from you parents during the	2025-2026 school year? (Circle (One)	YES NO	
Amount from Father:	Amount from Moth	er:		
Are you listed as an exemption on a tax return for 2024	1? (Circle One) YES N	0		
If answer 'yes' above, provide the name of taxpayer he	ere:	_		
If you reside with someone, please provide the followin	g information about that person	:		
Name:	Address:			
Relationship:	Length of Residency:			
Provide a personal statement indicating your relationsh	nip with your biological mother a	nd father. Inclu	de supportina	
documentation (police reports, Child Protective Service				

Institutional Dependency Change Request Reference

Student Name	SSN\College ID
How long have you known the stud	ent?
Are you related to the student?	If so, relationship?
With whom does the student reside	?
To your knowledge, has/will anyone for the following years:	e, other than student's spouse, claimed the student as an income tax exemptior
2024 □ Yes □ No Who (Na 2025 □ Yes □ No Who (Na	ame-Relationship to student)? ame-Relationship to student)?
Please explain briefly what you kno attach a letter or use the back of thi	ow to be the student's situation. If you need more space to explain, please is form.
	on this form is true and complete to the best of my knowledge. I also ed if further information is needed.
	Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.
Name of Reference (please print)	
	Title/Relationship to Student Telephone ()
Signature	

Person providing this reference must return completed form and any documentation to:
TVCC Financial Aid Office
100 Cardinal Drive
Athens, TX 75751
shelley.elrod@tvcc.edu

Institutional Dependency Change Request Reference

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Please explain briefly what you know a letter or use the back of this form.	to be the student's situation. If you need more space to explain, please attach	
I certify that all of the information o understand that I may be contacted	on this form is true and complete to the best of my knowledge. I also	
understand that I may be contacted	Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.	
Name of Reference (please print)	Title/Relationship to Student	
Signature	Telephone ()	
Street Address or P.O. Box	Best time to be reached	
City/State/Zip	Date	

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