

2026-2027 REQUEST TO BE CLASSIFIED AS AN INDEPENDENT STUDENT (DPOV27)

Name: _____ SFCC Student ID #: _____

Federal financial aid law assumes that parents/contributors have the primary responsibility to pay for their children’s education. There is also an expectation that as a student, you have some responsibility to pay for a reasonable portion of your educational expenses. To qualify as an independent student, you **must** meet one of the criteria listed on your FAFSA. If you do not meet at least one of the criteria, you will be reviewed potentially as a dependent student.

In rare cases, there are *unusual circumstances* that may warrant the re-evaluation of your dependency status. **One of the following conditions may qualify as unusual circumstance and permit a dependency override (If one of the below pertain to your situation, please provide your documentation):**

- 1) A documented unusual circumstance preventing student from contacting parent/contributor;
- 2) Student is a victim of human trafficking;
- 3) Parent/contributor or student incarcerated;
- 4) Student legally granted refugee or asylum status;
- 5) Documentation showing abuse or abandonment before the age of 18.

A. PROVIDE THE FOLLOWING

One:	<p>Attach a letter explaining:</p> <ol style="list-style-type: none"> A. Circumstances of your estranged relationship with your parents, explain with details. B. Identify the location of both parents, date of last contact, and description of the contact. C. Why you cannot obtain required parental information needed to complete your FAFSA. D. How you support yourself; When did you start meeting your expenses without parental support? How have you provided for yourself? E. Any support you get from friends and relatives (financial or other means such as rent, food, car, utilities etc.).
Two:	Attach your 2024 and 2025 IRS Tax Return Transcripts (or 1040 Tax Return) and W-2 forms.
Three:	Provide copies of legal documents from; court, Family Services, or other organizations documenting your situation.
Four:	Provide a copy of your rental leases and/or receipts, utility bills, health insurance policy, and other expenses that demonstrate you are living on your own.
Five:	Schedule an interview with a Financial Aid Advisor concerning your unusual circumstance. *PLEASE NOTE: You must provide this completed & signed document the day of your interview.

B. INCOME SUPPORT INFORMATION

PARENTAL SUPPORT INFORMATION:

Itemize below the support you have or will receive from your parent(s)/contributor(s) during the years indicated below. All blanks must be completed, put a "0" if no support was given.

	2024	2025	2026
Health Insurance	\$	\$	\$
Car Insurance	\$	\$	\$
Car Payments	\$	\$	\$
Room and Board	\$	\$	\$
Monthly Allowance	\$	\$	\$
Child Support	\$	\$	\$
Monetary Gifts	\$	\$	\$
Other	\$	\$	\$
Total Parental Support	\$	\$	\$

STUDENT INCOME/EXPENSES INFORMATION:

Complete the following statement of your income and expenses. All blanks must be completed, put a "0" if no support was given.

Student Income	2025	2026
Income (wages, salaries, tips, work-study etc.)	\$	\$
Social Security (attach benefits letter)	\$	\$
Unemployment Compensation (attach benefits letter)	\$	\$
Financial Support Received from Parents (use the total from Parental Support above)	\$	\$
Monetary Value of Any Other Support Received	\$	\$
Amount of Other Income or untaxed income (indicate source and amount)	\$	\$
Total Student Income	\$	\$
Student Expenses	2025	2026
Housing	\$	\$
Food	\$	\$
Car Payments	\$	\$
Car Insurance	\$	\$
Car Maintenance (gas and maintenance)	\$	\$
Utilities (gas, electric, trash, phone, water, etc.)	\$	\$
Child care and/or dependent care	\$	\$
Personal (clothing, entertainment, etc.)	\$	\$
Total Student Expenses	\$	\$

C. FAMILY INFORMATION

In the grid below list the people in your household. Include:

1. Yourself
2. Any other people that lived with you **and** those you provided more than half of their support and will continue to provide more than half of their support from 7/1/26 - 6/30/27.

If you need more space, attach a separate page.

Full Name	Birthdate	Relationship	College Currently Attending (at least half-time)
<i>Example: Martha Jones</i>	<i>mm/dd/yy</i>	<i>Sister</i>	<i>Central University</i>
		Self	SFCC

D. 2024 INCOME TAX INFORMATION TO BE VERIFIED

Check only one of the boxes below, then...	Submit the following required document(s)
<input checked="" type="checkbox"/> I filed or will file a 2024-1040 US Individual Income Tax Return.	> 2024 IRS Tax Return transcript or > 2024-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F or H. (If filed) <ul style="list-style-type: none"> • Did you file a: <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule F
<input type="checkbox"/> I corrected my 2024-1040X IRS Amended Tax Return.	> 2024-1040X IRS Amended Tax Return (signed and dated) and > 2024 IRS Tax Return Transcript with the original tax information or > 2024-1040 Original US Individual Income Tax Return (signed and dated) > Schedules 1, 2, 3, A, B, C, D, E, F, or H.
<input type="checkbox"/> I worked but I am not required to file a 2024-1040 US Individual Income Tax Return. <i>If your total income was below \$10,000, please complete section below.</i>	> 2024 W-2 or > 2024 1099-MISC <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov; and complete</i> > SFCC Verification of Non-Filer form (NTXI27/NTXP27)
<input type="checkbox"/> I did not work and will not file a 2024-1040 US Individual Income Tax Return. Signature required: X: _____	> SFCC Verification of Non-Filer form (NTXI27/NTXP27)

If you did not file a 2024 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2024 to present. Include: monies received from all types of federal and state government assistance; support from other family or relatives; support from private or community resources. Provide an estimate of the cost for the year for food, rent and utilities.

Note: Additional documentation may be required.

E. ASSET INFORMATION

Note: All blanks will be considered "0" zero.

Student	Current Amounts
\$	Current total of cash, savings account(s) and checking account(s) combined
\$	Current net worth* of your investments including trust funds, mutual funds, money market account, CDs, stocks and bonds, real estate (excluding the home you live in.) <i>*Net Worth= current value of investments-debt</i>
\$	Current net worth of your business and/or investment farms or for profit agricultural operations. Include the market value of land, buildings, machinery, equipment, inventory, etc.

F. SIGN THIS REQUEST

During the review process the SFCC Financial Aid Office may ask you for additional documentation. This may be necessary to better understand the extraordinary circumstances involved in your situation.

By signing this worksheet, I certify that all information reported is complete and accurate. I understand that if I knowingly give false or misleading information I may be fined, sentenced to jail or both. I understand that incomplete and/or unsigned forms will be marked as incomplete (red flag) and delay the review process.

Student Signature: _____ Date: _____

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its program's activities or employment. The Director of Human Resources and Dean of Student Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301 (660) 596-7478 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence and location of services that are accessible to and usable by persons with disabilities by contacting the Disability Resource Center Coordinator, Yeater Building, Room 159, (660) 596-7293.

Documents for verification will be accepted until 5:00 pm on the following deadline dates for each semester.

Fall 2026 – February 3, 2027 // Spring 2027 – June 22, 2027 // Summer 2027 – August 28, 2027

Return this worksheet and all other required documents to:

State Fair Community College, Financial Aid Office

3201 West 16th Street

Sedalia Mo 65301

Fax: (660) 530-5820
Email: finaid@sfccmo.edu

Financial Aid Office Use Only

___ Approved ___ Denied Date: _____ Date Student Notification Letter Sent: _____
Date FAFSA Information Updated: _____