

2024-2025 Dependency Verification

Your Free Application for Federal Aid (FAFSA) indicates that you are an independent student because you answered “Yes” to one or more of the dependency questions listed below. Our office must verify this information before determining your federal student aid. During this process, we will be verifying your dependency status for financial aid purposes. If we determine that your dependency status is incorrect based on the documentation you provide our office, you will be required to update your FAFSA with your parental information before your federal student aid will be processed.

Student Name: _____ **Student ID:** _____

Required Documentation

Please check the condition(s) that fits your situation and complete the action associated with your selection.

| Condition | Action |
|--|---|
| <input type="checkbox"/> I am pursuing a masters or doctorate program | Attach proof of admission to program |
| <input type="checkbox"/> I am currently serving on active duty or am a veteran of the Armed Forces | Attach military orders or DD214 |
| <input type="checkbox"/> I have children or dependents that I provide more than 50% of their support | Attach proof of income |
| <input type="checkbox"/> Both of my biological or adoptive parents are deceased. | Attach copies of your parents’ death certificates or obituaries to document your circumstance. |
| <input type="checkbox"/> I am currently, or was a ward/dependent of the court or in foster care after the age of 13. | Attach court documentation or a letter from your case worker regarding your ward/dependent of the court status. |
| <input type="checkbox"/> I am or was an emancipated minor as determined by a court in my state of legal residence. | Attach court documentation explaining that you are an emancipated minor as determined by a court in your state of legal residence. |
| <input type="checkbox"/> I am or was in a legal guardianship in my state of legal residence. | Attach court documentation explaining your legal guardianship as determined by a court in your state of legal residence. |
| <input type="checkbox"/> I am an unaccompanied homeless youth defined by your high school, HUD or a funded shelter. | Attach letter of support from your liaison, director of HUD or the funded shelter. |
| <input type="checkbox"/> I answered the FAFSA incorrectly and none of these apply to me. | Update your 2024-2025 FAFSA by changing your answer(s) to the dependency questions to “No” and include your parental information and parental electronic signature. |

Certification

By signing this form, I certify that all the information reported is complete and accurate. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

Student’s Signature: _____ **Date:** _____

Please upload all documents through the Financial Aid Student Portal accessible in MySSU. You may also mail your information to Shawnee State University, Financial Aid Office, 940 Second Street, Portsmouth Ohio, 45662 or fax to 877-940-2505. Please do not email any documents.