



Lourdes University  
Financial Aid Office FAO  
6832 Convent Blvd.  
Sylvania, OH 43560  
(419) 824-3732  
(419) 517-8921 Fax

## 2018-2019 DEPENDENCY STATUS REVIEW

**YOUR AID CANNOT CONTINUE TO BE PROCESSED UNTIL THE FOLLOWING IS RESOLVED. A copy of this document must be signed and returned to Lourdes Financial Aid Office and any required documentation must be attached.**

A student can be considered independent for financial aid purposes by meeting certain criteria. On your FAFSA you answered “Yes” to one or both of the following:

- FAFSA question 53: You are an emancipated minor;
- FAFSA question 54: You are/were in legal guardianship.

**DIRECTIONS:** To continue processing of your aid you must do ONE of the following:

**1. You must provide documentation\*, including court documents if available, to prove that:**

- While you were a minor, or if you still are a minor, you were emancipated by the court, or
- While you were a minor, or if you still are a minor, you were in legal guardianship (Note: parents are not legal guardians)

*\*Speak with a Lourdes Financial Aid Advisor if you have concerns about documentation.*

**2. If you believe you should have answered ‘No’ to these questions on your FAFSA do the following:**

- ✓ Sign into your 2018-2019 FAFSA and correct your answer(s)
- ✓ Add your parental information, including income information
- ✓ Have your parent sign the FAFSA using his/her PIN.

**Certification Statement:** Check ONE item below, sign and return to FAO

\_\_\_\_\_ My answers to these questions were correct on my FAFSA and I have attached the required documentation

\_\_\_\_\_ I have corrected my answer(s) on my FAFSA, my parents have added their financial information, and my parent signature has been added. I understand my aid cannot be processed until my corrected FAFSA is received and reviewed by Lourdes Financial Aid Office (FAO)

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge.

**PRINT Student Name** \_\_\_\_\_ **Lourdes ID** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return completed form to Lourdes Financial Aid Office (FAO)**

*Speak with a Lourdes Financial Aid Advisor if you have questions or concerns about this form.*