



2024-2025 DEPENDENCY STATUS VERIFICATION

Please return to: Manhattan Tech
3136 Dickens Avenue
Manhattan, KS 66503

P: 785-587-2800
F: 785-670-6043
[Secure File Upload](#)

Name: _____

MATC ID or SSN: _____

We have completed the initial review of your 2024-2025 Free Application for Federal Student Aid (FAFSA). You indicated on the FAFSA that you are an independent student due to extenuating circumstance(s).

Please complete this form and return it along with the required documentation to the Office of Financial Aid as soon as possible. If the information is incomplete or unclear, we may ask you to submit further documentation.

PROCESSING OF YOUR FINANCIAL AID HAS STOPPED UNTIL THIS FORM AND ALL DOCUMENTS ARE RETURNED!

Please answer the following questions by initialing the statement that applies to you:

Are you or were you an emancipated minor as determined by a court in your state of legal residence?

_____ YES. I am attaching copies of official court documentation to support this claim (documentation required).

Are you or were you in legal guardianship as determined by a court in your state of legal residence?

_____ YES. I am attaching copies of official court documentation to support this claim (documentation required).

At any time since age 13, were both of your parents deceased, were you in foster care, or considered a ward of the court?

_____ YES. I am attaching copies of official court documentation to support this claim (documentation required).

At any time on or after July 1, 2023, were you considered an unaccompanied youth who was homeless or self-supporting and at risk of being homeless?

_____ YES. I am attaching copies of official documentation to support this claim (documentation required: this determination must be made by high school, HUD, director of homeless shelter, youth center, or transitional living program, etc.).

-OR-

_____ None of the above applies. I have made a correction to my FAFSA application to add all required parent information. **I am aware that processing will not continue until the correction has been completed and received by the Office of Financial Aid.**

Statement of Certification: I certify that the information given to document my dependency status is true and complete.

Student's Signature (handwritten signature required)

Date