Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400 Fax: (618) 252-3062
Email: fao@sic.edu

2026-2027 Dependency Status

The Financial Aid Office received your 2026-2027 Free Application for Federal Student Aid (FAFSA). According to your FAFSA you are an independent student for one of the following reasons. Please indicate why you are independent and provide the required documentation for your financial aid to be processed.

Name: _____ ID#: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Please indicate the reason you are independent:

☐ I have dependents other than a child or a spouse who live with me and who receive more than half of their support from me, now through June 30, 2027. (Attach supporting documentation such as court papers, a tax return with the dependent listed, etc.)

☐ At any time since you turned 13, were both of your parents deceased, were you in foster care, or were you a dependent of the court? (Attach copies of both parents' death certificates and court documents confirming your foster care or ward of the court status.)

☐ Are you, or were you, an emancipated minor as determined by the court in your state of legal residence at the time you received the determination? (Attach copies of court documents confirming your emancipated minor status.)

☐ Are you, or were you in legal guardianship as determined by the court in your state of legal residence at the time you received the determination? (Attach copies of court documents appointing your legal guardians.)

☐ At any time on or after July 1, 2025, did your high school or school district homeless liaison, or TRIO coordinator, determine that you were an unaccompanied youth who was homeless? (Attach a letter from your school district certifying your homeless or at-risk status along with a typed statement in narrative format indicating the following: where you currently live, how long you have lived there and plan to live at that residence, and who pays for your living expenses.)

☐ At any time on or after July 1, 2025, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? (Attach a letter from a Director of a HUD emergency shelter certifying your homeless or at-risk status along with a typed statement in narrative format indicating the following: where you currently live, how long you have lived there and plan to live at that residence, and who pays for your living expenses.)

☐ At any time on or after July 1, 2025, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless? (Attach a letter from a director of a qualifying shelter or program certifying your homeless or at-risk status along with a typed statement in narrative format indicating the following: where you currently live, how long you have lived there and plan to live at that residence, and who pays for your living expenses.)

☐ I am recertifying my prior year status. I confirm my living situation has not changed since the prior year. My supporting documents are on file with the SIC Financial Aid Office or the SIC HOUSE Liaison's Office.

☐ None of the above. I incorrectly marked one of these responses. I understand I must provide parental information on my FAFSA.

By signing, you are indicating the information you provided is true and accurate to the best of your knowledge. You are also certifying that you understand misrepresentation or false information may result in denial of additional aid and possibly repayment of aid already awarded.

_____

Student's signature Date