

# Petition for Independent Status

Office of Financial Aid and Scholarships  
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Office Use Only  
**PTIND**

STUDENT'S NAME: \_\_\_\_\_ TCID: \_\_\_\_\_

*The following requested information is used in our office to review student's petition for independent status.  
Even though you might meet all guidelines it does not guarantee status will be changed to "independent."*

## PARENT AND PERSONAL INFORMATION

Identify the location of both of your parents:

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_ Are you in contact? YES ☐ NO ☐

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_ Are you in contact? YES ☐ NO ☐

Describe the last time you had contact with each of your parents - when, where, and the nature of the contact.

\_\_\_\_\_

\_\_\_\_\_

Please provide an explanation why it's inappropriate for you to ask for assistance from your parent. You may attach additional sheets to this petition if necessary.

\_\_\_\_\_

\_\_\_\_\_

Explain current living arrangement. Explain how you support yourself and pay for living expenses, transportation, and college expenses.

\_\_\_\_\_

\_\_\_\_\_

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### REFERENCE INFORMATION

Three references are required. Each reference must address your living arrangements in their letter. Documentation and/or statements should be from people who are aware of your situation and know that you have not had contact with your parents. Fellow students are not acceptable. Only one of the three references can be from a friend or relative. The remaining two must be professionals (school counselors, teachers, clergy, attorneys, therapists, etc...). Please state the following references that will be attached to your application:

#### REFERENCE 1

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### REFERENCE 2

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### REFERENCE 3

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### CERTIFICATION

I certify that the information submitted on this petition is true and correct and I understand that it will be used to override federal regulations regarding my dependency status.

I understand that if I move back with my parents or receive support directly or indirectly from my parents that I must and will report this information immediately to the Financial Aid Office.

I understand that purposely falsifying information may lead to the cancellation of my financial aid and will prevent me from receiving financial aid in future academic years. I also understand that any falsification found will be reported to the Department of Education and the Attorney General's Office and I may be prosecuted to the full extent of the law.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Complete, print and sign this form and submit it to [financial.aid@texarkanacollege.edu](mailto:financial.aid@texarkanacollege.edu)  
or you can fax it to our office at (903) 823-3451