



DEPENDENCY REVIEW FORM 2022-2023

Student Section

Student's name _____ ID No. _____

Permanent address _____

Email _____

1a. Student's marital status _____

1b. Date of marital status _____

2a. Student's total earned income 2020 \$ _____ 2021 \$ _____ est. 2022 \$ _____

2b. Student's total other resources 2020 \$ _____ 2021 \$ _____ est. 2022 \$ _____

3. Was student claimed by parent(s) or legal guardian in 2020 ___Yes ___No 2021 ___Yes ___No est. 2022 ___Yes ___No

4. Explain circumstance which justifies treatment of student as self-supporting (attach other sheets as necessary).

5. Describe below what documentation you will be attaching.

Nature of documentation _____

Source _____

Nature of documentation _____

Source _____

Student signature _____

School Section

6. Approved _____ Denied _____ Date _____

Additional information requested _____ Date requested _____

Staff _____

You may print and mail, email or fax this form, along with the required documentation, to:

Financial Aid
SUNY Empire State College
111 West Avenue
Saratoga Springs, NY 12866

FinancialAid@esc.edu
fax 518-580-4863