## Barnes-Jewish College Goldfarb School of Nursing BJC HealthCare

## 2026-2027 DEPENDENCY STATUS VERIFICATION FORM

Goldfarb School of Nursing at Barnes Jewish College administers federal and state financial aid programs. The regulations governing these programs stipulate that student applicants are required to provide parent information on their FAFSA (Free Application for Federal Student Aid) unless they meet specific federal dependency status criteria.

Information you provided on your 2026-2027 FAFSA suggests you may meet this criteria. However, such information must be verified. Please complete this <u>Verification of Student Dependency Status</u> form and provide the specified documentation for **only one** of the conditions listed. We will continue processing your financial aid application once we have received the documentation required to verify your dependency status.

If you cannot verify that you meet at least one of the dependency statuses on this form, or believe you made an error when completing the FAFSA, you must correct your FAFSA by changing your response to one or more of the dependency questions. Also, you must provide parent information on the FAFSA. Corrections may be made by going to <a href="fafsa.gov">fafsa.gov</a> or by calling **1-800-4-FEDAID**.

Alternately, if you do not meet one of the requirements and are unable to provide parental information, please complete our **Dependent Student Appeal Form** located on our "Resources" page of the website. If you have additional questions or concerns, please contact your financial aid counselor as listed on our website.



## 2026-2027 Dependency Status Verification Form

Stude	ent ID# Student	's Last Name	Student's First Nam	e
Select	only one of the following condition	ns and attach the required	d documentation to this form, if app	licable.
1.	2026 and June 30, 2027. Attach a	copy of your 2025 tax return by of the child/children's bi	oouse who I will provide at least half on the control of the contr	urn), or if not applicable, please
2.			d Forces for purposes other than tr ion (PCS) or Temporary Duty (TDY)	
3.	I am an emancipated mind documentation.	or as determined by a c	ourt in my legal state of residen	ce. Attach copy of court
4.	I am in legal guardianship as c	determined by a court in m	y legal state of residence. Attach cop	by of court documentation.
5.	At any time on or after July 1 being homeless. <i>Complete the Ur</i>		ied and either (1) homeless or (2) seouth Verification Form.	lf-supporting and at risk of
When	ı I was age 13 or older:			
6.	Both of my parents were dec	eased. Attach copies of de	ath certificates.	
7.	I was in foster care. Attach co status.	urt document or a statem	ent from an attorney, guidance coun	selor, etc. confirming your
8.	I was a dependent/ward of the etc. confirming your status.	he court. <i>Attach court doc</i>	rument or a statement from an atto	rney, Guidance counselor,
I do n	ot meet any of these dependency	statuses:		
9.	I have updated my FAFSA information. My parent has signe		s) to the dependency questions a A ID.	nd including my parent
Stude	nt's Signature		 Date	