



FOR OFFICE USE ONLY
Correction Date & #
Initials:
New SAI:

Student Financial Services – South Texas College

📍 3201 W. Pecan Blvd. McAllen, TX 78501 | 📞 956.872.8375 | 🏢 956.872.6461

2026-2027 Dependency Change Request

You may request a dependency change if you have unusual circumstances which may include (but are not limited to): **human trafficking; legally granted refugee or asylum status; parental abandonment or estrangement, student or parent incarceration, or instances in which the student is unable to contact a parent or where contact with parents poses a risk to the student.**

Unusual circumstances do not include: parents **refuse to contribute to your education**, parents **will not provide information** for the FAFSA or verification, parents **do not claim you as a dependent on their taxes**, you demonstrate **total self-sufficiency**. Dependency Change requests will be reviewed on a **case-by-case** basis.

Student Information

STC ID:	SSN: XXX-XX-		
Last Name:	First Name:	MI:	DOB:
Phone:	Email:	@stu.southtexascollege.edu	

How to Apply

New Request

If this is your **first time** applying for a dependency change, please submit all these items **together**. Additional documentation may be requested.

- Personal Statement** – A typed or written statement (1 page, signed & dated) explaining:
 - Your relationship with your parents
 - Why you don't live with them
 - Where and with whom you have been living
 - How you support yourself
- Income Documents** – Copies of:
 - 2024 **W-2's** (if you worked)
 - **Tax return or IRS Tax Return Transcript** (if not linked to FAFSA)
 - If you **did not work**, explain how you supported yourself in 2026 and plan to in 2027
- Family/Friend Statement** – A **letter** from a **family member** or **close friend** verifying your situation
- Professional Statement** – A **letter on official letterhead** from a teacher, counselor, doctor, employer, or government official confirming your situation

Renewal Request

If your dependency change was **approved last year**, please submit:

- Updated Statement** – A new **signed** statement about your current relationship with your parents
- Income Documents** – 2024 **W2's** (if you worked) **Tax return or IRS Tax Return Transcript** (if not linked to FAFSA). If you **did not work**, explain how you supported yourself in 2026 and plan to in 2027.

STC ID: _____ NAME: _____

Required Information:

- **Father's Address:** _____
- **Mother's Address:** _____
- **Where did you live in 2026?** _____
- **Where will you live in 2027?** _____
- **How are your living expenses (food, clothes, shelter) paid for?** _____

Income Sources for 2026 and 2027:

Source	2026 Amount	2027 Amount
Income earned from work	\$	\$
Cash/Savings	\$	\$

🔗 Processing Time:

Up to 2 weeks (4 weeks during peak times like July & August)
Tuition deadlines still apply – make payment arrangements while waiting

🔗 How to Check Your Status:

Log into JagNet → Click Financial Aid → Select Award Year → Check Notifications

🔗 How to Submit:

In person: Pecan, Mid Valley, or Starr Co. Financial Services Office
Online: **Upload** to our Office via STC JagNet

CERTIFICATION and HAND WRITTEN SIGNATURES

We can only accept electronic signatures/typed signatures if you are uploading your documents via your STC JagNet account, which authenticates your identity.

By signing below, I certify that all information provided is **complete and correct**.

⚠ Warning: If you purposely provide false or misleading information, you may be fined, imprisoned, or both.

Student Signature: _____ **Date:** _____

STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY				
Approved:	Disapproved:	Pending:	SFS Initials:	Date:
Additional Information Requested/Comments:				

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excluded participation, denies benefits or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.

STC ID: _____ NAME: _____

Statement from Family Member or Friend

On a separate sheet of paper please provide a brief statement confirming the student's situation. Include details about:

- Your relationship with the student
- How long you have known them
- Your knowledge of their situation and why they do not live with their parents

Required Information:

Your Name: _____


Your Profession: _____

Your Address: _____

Your Phone Number: _____

CERTIFICATION and HAND WRITTEN SIGNATURES

I certify that the information I provided is true and complete. I understand I may be contacted if more details are needed.

 **Warning:** If you purposely provide false or misleading information, you may be fined, imprisoned, or both.

Signature: _____

Date: _____

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excluded participation, denies benefits or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination

This page intentionally left blank.

STC ID: _____ NAME: _____

Statement from a Professional Person (i.e., Teacher, Counselor, Employer etc....)

On a separate sheet of paper please provide a brief statement confirming the student’s situation. Include details about:

- Your relationship with the student
- How long you have known them
- Your knowledge of their situation and why they do not live with their parents

 **Required Information:**

Your Name: _____


Your Profession: _____

Your Address: _____

Your Phone Number: _____

CERTIFICATION and HAND WRITTEN SIGNATURES

I certify that the information I provided is true and complete. I understand I may be contacted if more details are needed.

 **Warning:** If you purposely provide false or misleading information, you may be fined, imprisoned, or both.

Signature: _____

Date: _____

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excluded participation, denies benefits or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination

This page intentionally left blank.