

2018-2019 APPEAL FOR DEPENDENCY OVERRIDE

STUDENT'S NAME _____

STUDENT ID # _____

This form is for dependent students who do not meet the criteria for "independent" status but wish to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes. Students who are estranged from their parents due to extreme circumstances (e.g., child abuse, abandonment, family alcoholism or drug abuse, etc.) which can be documented by an objective third party (e.g., pastor, high school or college counselor, a social service agency official, etc.) may qualify for this professional judgment treatment. Complete and submit this form along with the required documentation to the Financial Aid Office.

Note: A parent's unwillingness to provide information alone is not sufficient grounds for a change in dependency status.

EXPLANATION OF CIRCUMSTANCES

Complete the questions below regarding biological or adoptive parents. Attach written letter.

1. **When was the last time you lived with:** Parent 1: _____ Parent 2: _____
Month/Year Month/Year
2. **When was the last time you had any contact with:** Parent 1: _____ Parent 2: _____
Month/Year Month/Year
3. **When did you last receive support from:** Parent 1: _____ Parent 2: _____
Month/Year Month/Year
4. **Submit a letter** explaining the reason for your request that details the circumstances under which you are appealing to be considered an independent student (provide as much information as possible).

DOCUMENTATION

Complete the steps below. Attach all required documents.

1. **Submit a minimum of two signed statements from objective third parties** (e.g., pastor, high school or college counselor, a social service agency official, etc.) who were aware and can verify your circumstances.
Note: The documentation must be complete and specific and must describe the person's own direct, firsthand experience with your family's circumstances. It should not be a statement of your comments.
2. **Submit additional supporting documentation** (e.g. court documents) if available. This information could strengthen your appeal.

CERTIFICATION OF SIGNATURES

The student must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery all information will be forwarded to the Behavior Intervention Care Team (BICT), the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

STUDENT SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Approved Denied

By: _____ Date: _____

