



2009 – 2010 REQUEST FOR DEPENDENCY OVERRIDE

Eligibility for financial aid is based on the assumption that students and their parents are primarily responsible for paying for education. If the directions on your financial aid application instruct you to provide parental information, then by law, you are dependent on your parents. In extreme hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. This will apply to situations where the student's physical or emotional welfare is jeopardized by contact with the parents. In such cases, the student must complete this form and provide written documentation from a third party professional (e.g., clergy, psychologist, social worker, etc).

First Name Last Name

Student I.D. #

Address

____/____/____
Date of Birth

City State Zip

(____) - ____ - ____
Home Phone Number.

	MOTHER	FATHER
Parent's Name		
Address		
Telephone #	(____) ____ - ____	(____) ____ - ____

1. What are your present living arrangements (who do you live with)?

How much rent do you pay each month? \$ _____ since what date? _____

2. How do you support yourself and meet your living expenses?

3. When was the last time you lived with your parents? _____
(Month / Year)

4. When was the last time you had contact with your parents? _____
(Month /Year)

5. When did your parents last provide any form of support? _____
(Month / Year)

6. Why are your parents no longer able to support you? _____

Please attach a separate sheet of paper if necessary to provide additional information that you feel will support your request to be considered as an independent student.



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I certify that the information provided 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 in with my parents or otherwise receive support of any kind from them, I must notify the Financial Aid Office immediately.

Student Signature _____ Date _____/_____/_____

The above information must be verified and documented by a third party professional who is aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers, or other social services personnel, court officials, teachers, counselors and police officers.

***** To be completed by the person verifying certification *****

I certify that to the best of my knowledge, the above information is true.

Signature: _____ Date: _____

Name: _____ Title/Relation: _____

Address: _____ Phone: _____

SUBMIT THIS FORM (AND ANY SUPPORTING DOCUMENTATION) WITH YOUR COMPLETED 2009 – 2010 FAFSA TO THE FINANCIAL AID OFFICE

»»»FAO Use Only«««

Using professional judgment, this student is:

- Independent
Dependent

Remarks: _____

Financial Aid Coordinator/Director _____ Date _____/_____/_____