



## 2023-2024 Dependency Override Request Form

*Serving Richmond and Scotland Counties*

Eligibility for assistance is based on the assumption that students and their parents are primarily responsible for paying for one's education. If the directions on your financial aid application instruct you to provide parents' information, then for financial aid purposes, you are dependent on your parents. (Parents are biological or adoptive 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 biological or adoptive 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 statements from a third party professional such as a minister, psychologist, social worker, school counselor, etc. If the student lives alone, he/she must also provide documentation such as tax returns, lease agreements, and/or utility statements, etc. to demonstrate ability to support oneself. Additional documentation may be requested if warranted by the situation.

**Please note:** Students will not be considered independent for financial aid purposes if the sole reason is that the student is attempting to prove self-sufficiency; the parent(s) refuse to provide financial information on the financial aid application; parent(s) refuse to contribute to the student's education; or parent(s) do not claim student as a dependent for income tax purposes.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
P O Box, Route, or Street City State Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Mother	Father
1. When was the last time you lived with your parents?	_____	_____
	Month/Year	Month/Year
2. When was the last time you had any contact with your parents?	_____	_____
	Month/Year	Month/Year
3. When did your parents last provide any form of support?	_____	_____
	Month/Year	Month/Year

Please read carefully and check the one that applies to you. Provide the Financial Aid Office with the requested information. Incomplete applications for dependency status changes will not be evaluated.

\_\_\_\_\_ Severe circumstances exist within your family, such as, but not limited to:

- a. Abusive home situation which is detrimental to your physical or mental well-being.
- b. Incarceration of the custodial parent.
- c. Abandonment by both parents.
- d. History of parental alcohol or drug abuse.

**Supporting documentation:** Signed statement from adult professional who is not your family member which verifies your family circumstances. Adult professionals include clergy members, attorneys, school counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Child and Family Services (Public Assistance Dept.) and officers of the court. Letter must be signed on original letterhead with the professional's title (Counselor, Attorney, Doctor, etc.).

\_\_\_\_\_ Death of a parent.

**Supporting documentation:** Signed statement from adult professional who is not your family member which verifies your family circumstances. Adult professionals include clergy members, attorneys, school counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Child and Family Services (Public Assistance Dept.) and officers of the court. Letter must be signed on original letterhead with the professional's title (Counselor, Attorney, Doctor, etc.). Attach a photocopy of your parent's death certificate or newspaper obituary. If your last name is different from your parents', please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances, which prove your relationship.

**4. What are your present living arrangements?**

---

---

---

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

---

---

---

**6. Please explain in detail the reason(s) you should be considered independent. Be sure to include an explanation of why you do not have support from your parent(s).**

---

---

---

---

\*\*\*Please attach additional pages if necessary to provide more information that you feel supports your request.\*\*\*

**Certification and Signature**

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge.

Student's Signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

\_\_\_\_\_ Dependency Override Approved  
 \_\_\_\_\_ Dependency Override Denied

Reason for Approval/Denial:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification: I hereby use my professional judgment based on the information and documentation provided.

\_\_\_\_\_  
Financial Aid Representative

\_\_\_\_\_  
Date