

Based on the guidelines set by the Department of Education you are a dependent student. However, the Department recognizes exceptions to this rule and allows financial aid administrators to waive the criteria in extreme circumstances. You (the student) must prove that you are completely self-supporting. This means that you must be paying, with your own income, all your own bills, including rent, food, utilities, school-related expenses, medical expenses, clothing, and transportation expenses.

To be considered for a dependency override, you must provide the information listed below, which will be held in the strictest confidence. Moving out of your parent's household, in and of itself, does not qualify you to be considered independent. Be advised that the financial aid office is simply reviewing your request for a dependency override, and that your request may be denied. Failure to provide any required documentation will result in an automatic denial. The Office of Scholarships and Financial Aid will send a decision letter to you no later than ten business days from the date this form and all required documentation are received.

All decisions based on this request are final.

1. Name _____ Student ID# or SSN _____

DOB _____ EMAIL _____

ADDRESS: _____

_____ PHONE _____

2. **Personal Statement.** On separate paper tell us, in your own words, why you should be considered an independent student. Explain the circumstances leading to your independence from your family. (Provide detailed description of events that forced you to separate yourself from your family. Include dates of events and whether or not a restored relationship with your parents is probable.)
3. **Professional Letter.** Provide a statement, on official letterhead, from a professional adult to verify the events leading to your separation from your parent's household that you described in your personal statement. Professional adults include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers.
4. **Personal Support Statement.** On a separate paper, specifically tell us how you have supported yourself in the past and how you plan to continue supporting yourself in the future. Be sure to include what your average monthly expenses are and how they are covered. You need to provide documentation supporting the information contained in the statement (See examples of Acceptable Documentation). If you are receiving support from friends or relatives, you must describe the nature of that support.
5. **Free Application for Federal Student AID (FAFSA).** If you have not completed the FAFSA, complete as much of the information as you can and return the signed application with this appeal form.
6. **Certification Statement:**
I hereby certify that all information in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand that failure to provide documentation will result in a denial, and that an appeal does not guarantee an override of my dependency status.

Signature _____ Date _____

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Examples of Acceptable Documentation

- * Signed copies of your income tax return. If you have not filed a current return, provide copies of your W-2 forms;
- * copies of pay stubs from the past four weeks for all jobs that you currently hold;
- * documentation of Social Security Benefits, Worker's Compensation, or other non-work income such as payment V stubs, year-end statements, etc;
- * copy of your lease, property title, or other written housing agreement;
- * copies of bills or receipts used to pay utility and phone expenses;
- * copies of canceled checks or credit card statements showing that you pay for food, clothing, personal care items, school supplies, auto insurance, medical insurance and/or services, etc;
- * legal documents.

Please return this completed form with documentation requested on reverse side to the address listed below.

FOR OFFICE USE ONLY

Approved _____ Denied _____ Reviewed by _____ Date _____

Comments: _____
