

**DOCUMENTS ARE DUE WITHIN TEN BUSINESS DAYS OF NOTIFICATION.**

DEPOVR \_\_\_\_\_

**Ferris State University Office of Scholarships & Financial Aid**

**2024-2025 DEPENDENCY OVERRIDE FORM**

Documents **MAY ONLY** be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload" icon. **EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.**

FSU Office of Scholarships & Financial Aid  
1201 S. State Street, CSS 101, Big Rapids, MI 49307  
Phone: 231 591-2110 Fax: 231 591-2950  
Email: [finaid@ferris.edu](mailto:finaid@ferris.edu)

(DO NOT EMAIL DOCUMENTS)

Kendall College of Art & Design  
17 Fountain Street NW, Grand Rapids, MI 49503  
Phone: 616 451-2787 Fax: 616 831-9689  
Email: [kcadfinaid@ferris.edu](mailto:kcadfinaid@ferris.edu)

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.

**Please note that the following situations are not sufficient to declare a student independent for financial aid purposes:**

- 1) **Students that do not live with their parents;**
- 2) **Students that are financially self-supporting;**
- 3) **Parents that refuse to pay or help pay for college expenses; and/or**
- 4) **Students that independently file their own federal tax returns.**

To be considered for a dependency override, you must provide the information listed below, which will be held in the strictest confidence. Please note, however, that if you disclose a situation involving gender discrimination or sexual misconduct (including sexual harassment, sexual assault, intimate partner violence, and/or stalking) in your written statement for dependency override, it will be shared with the University's Title IX Coordinator. Failure to provide any required documentation may result in a denial of your request. The Office of Scholarships and Financial Aid will notify you of the decision via your Ferris email. **ALL DECISIONS BASED ON THIS REQUEST ARE FINAL.**

1. Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
DOB \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. **Personal Statement.** On a separate sheet of paper, tell us in your own words, why you should be considered an independent student. Provide a detailed description of the events that resulted in a separation from your family. Include approximate dates of the event(s) and whether or not a restored relationship with your parents is probable. You must also include details about how you are being supported financially. If you are currently working, please include a copy of your last pay stub. If someone else is supporting you financially, please describe your relationship with that person and the type of support they are providing.
3. **Professional Letter.** Provide a statement, on official letterhead, from a professional adult who can verify the events leading to your separation from your parent's household that you described in your personal statement. Professional adults may include clergy members, guidance counselors, teachers, professors, doctors, family counselors, social workers, mental health professionals, and law enforcement officers and other similar professionals.
4. **Free Application for Federal Student AID (FAFSA).** Go to [www.fafsa.gov](http://www.fafsa.gov) and complete and submit your 2024-2025 FAFSA.

**Certification Statement:**

I hereby certify that all information in this appeal is true and complete to the best of my knowledge. I understand that failure to provide documentation may result in a denial, and that an appeal does not guarantee an override of my dependency status.

**Electronic or typed signatures are NOT acceptable.**

Signature \_\_\_\_\_ Date \_\_\_\_\_