



☐ Unknown

STUDENT NAME:	W	CC ID #:
ADDRESS:STREET OR PO BOX	СПУ	STATE ZIP
STREET OR PO BOX	CITY	STATE ZIP
Dependency status for student financial aid is a specific questions on the Free Application for lat least one of the dependency status question Financial aid administrators have the authority dependency override for students with extrao	Federal Student Aid (FAFSA). Student ns on the FAFSA are considered deper t, through Section 480(d)(7) of the Hig	s who are unable to answer "YES" to ndent for financial aid purposes.
The following conditions <u>do not</u> qualify for a d	ependency override.	
 Parent(s) do not claim the student as a student demonstrates total self-suffice. Student and parents have disagreem. A request for dependency override may be considered abandonment or neglect by the parents, an emparental incarceration, estrangement, and/or please follow the steps below to be considered. 	ciency. cents resulting in a strained relations considered on a case-by-case basis if a motionally/physically abusive, unheal inability to locate the parents. and for a Dependency Override. Your pe	ship. student can document thy, or unsafe family environment, etition will not be reviewed unless all
requirements are met. All information and do year a dependency override is requested.	ocumentation requested below mu	st be provided each academic
1. When did you last live with your parent(s)	? Parent #1:/	Parent #2:/
2. When did you last have contact with your	parent(s)? Parent #1:/	Parent #2:/
3. What was the nature of the last contact? _		
4. Parent Information (response required)		
Parent # 1	Parent # 2	
Name:	Name:	
Address:	Address:	
Phone #: ()	 Phone #: ()

5. What are your current living arrangements?

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	5. Use the space below to provide a detailed personal statement describing the unusual circumstances you believe we should consider in evaluating your request. This statement must include your plan to support you and your educational efforts without the support of your parent(s). If additional space is needed, please	
	attach a separate page that includes your name and student ID #.	
7	7. Attach two (2) typed, signed, and dated statements from adult professionals who are unrelated to you ar	
	can confirm your unusual circumstances. Adult professionals include clergy members, attorneys, school counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Dept. of Social Services and officers of the court. These statements must include their relationship with you, any knowledge they have of your relationship with your parents, and your abil to support yourself. *The name, title, address, and telephone number of the person(s) providing the statements required. NOTE: any statements provided that are not from a professional third party, MUST be notarized.	ity
8.	3. Attach relevant supporting documentation including, but not limited to, court documents, police reports incarceration reports, death certificate/obituary notice, and/or official documents from the Department of S Services.	
CER	RTIFICATION AND SIGNATURE	
to th	signing below, I certify that the information provided on this form and all attached documentation is true and ac the best of my knowledge. I understand that completion of this form is not a substitute for payment of applicable arges to the College.	
	RNING: Knowingly providing false or misleading information to obtain financial aid may result in fines, imprisonment, or bot . Secretary of Education has the authority to verify information reported on this application with the IRS and other federal age	

NOTE: An approved dependency override does not automatically qualify a student eligible for more financial aid