

STUDENT NAME: _____ WCC ID #: _____

ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

Dependency status for student financial aid is defined by federal regulations and is based on a student's responses to specific questions on the Free Application for Federal Student Aid (FAFSA). Students who are unable to answer "YES" to at least one of the dependency status questions on the FAFSA are considered dependent for financial aid purposes. Financial aid administrators have the authority, through Section 480(d)(7) of the Higher Education Act, to grant a dependency override for students with extraordinary circumstances.

The following conditions do not qualify for a dependency override.

- **Parent(s) refusal to contribute to the student's education.**
- **Parent(s) unwillingness to provide information on the FAFSA or for verification.**
- **Parent(s) do not claim the student as a dependent for income tax purposes.**
- **Student demonstrates total self-sufficiency.**
- **Student and parents have disagreements resulting in a strained relationship.**

A request for dependency override **may be considered** on a case-by-case basis if a student can document abandonment or neglect by the parents, an emotionally/physically abusive, unhealthy, or unsafe family environment, parental incarceration, estrangement, and/or inability to locate the parents.

Please follow the steps below to be considered for a Dependency Override. Your petition will not be reviewed unless all requirements are met. **All information and documentation requested below must be provided each academic year a dependency override is requested.**

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 #: () _____ - _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

5. What are your current living arrangements? _____

