



STUDENT NAME:	WCC ID #:
E-MAIL:	DATE OF BIRTH:

Based on questions 46-58 on the 2019-2020 FAFSA, you are considered a dependent student because you answered NO to the following:

- Were you born before 01/01/1996
- Married, as of the date you completed the FAFSA
- Working on a master's or doctorate program (MA, MBA, MD, JD, PhD, Ed.D, graduate certificate, etc.)
- Serving on active duty in the U.S. Armed forces for purposes other than training.
- A veteran of the U.S. Armed forces.
- Have a child or children that you provide more than half of their support between 07/01/19 06/30/20.
- Have dependents other than children or spouse who live with you and receive more than half support from you between 07/01/19 and 06/30/20.
- At any time since age 13, both of your parents were deceased, you were in foster care or were a dependent or ward of the court.
- As determined by a court in your state of legal residence, you are or were an emancipated minor.
- Someone other than your parent(s) or stepparent(s) have legal guardianship over you.
- On or after 07/01/18, a high school or school district liaison determined that you were an unaccompanied youth who was homeless and were self-supporting and at risk of being homeless.
- On or after 07/01/18, the director of an emergency shelter or transitional housing program funded by the U.S.
  Dept. of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.
- On or after 07/01/18, the director of a runaway or homeless youth basic center or transitional living program determine that you were self-supporting and at risk of being homeless.

Any student not meeting one or more of the conditions above is considered dependent; however, a Financial Aid Administrator has the authority, through Section 480(d)(7) of the Higher Education Act, to change a student's status from dependent to independent in cases involving unusual 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 as defined in the Federal Student Aid Handbook, Application and Verification Guide, Ch. 2.
- Student and parents have disagreements resulting in a strained relationship.

A request for dependency override <u>may be considered</u> if the student can document abandonment by parents, an abusive family environment that threatened your health and safety, parental incarceration, estrangement and or unable to locate your parents.

1.	Using the space below, please provide a detailed, signed, and dated personal statement from you, the student, describing your circumstance(s). This information <u>must include</u> the last date you were in contact with your parents, the nature of contact, the location of your parents, and how you are presently supporting yourself. <i>Attach additional paper if needed.</i>	
2.	Provide two (2) typed, signed, and dated statements from third party professionals who can attest to your extenuating circumstances. Examples of third-party professionals include teacher, counselor, doctor, clergy, law enforcement official, government agency or court on official letterhead. These statements must include their relationship with you, any knowledge they have of your relationship with your parents and your ability to support yourself. *These letters must include name, title, address and telephone number of the person(s) providing the statement. Note: if letters are not from a professional third party, they MUST be notarized.	
3.	Attach relevant supporting documentation including, but not limited to, court documents, police reports, and/or official documents from the Department of Social Services.	
CE	RTIFICATION AND SIGNATURE	
my fine	signing below, I certify that the information provided on this form and all attached documentation is true and accurate to the best of knowledge. I understand that purposely giving false or misleading information in an attempt to receive financial aid may result in a e, imprisonment or both. I further understand that completion of this form is not a substitute for payment of applicable charges to the llege.	
NO	OTE: An approved override does not automatically make a student eligible for more financial aid.	
Stu	dent Signature Date	

RETURN THIS COMPLETED FORM TO:

Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002 FAX: 919-736-9425