

2020-21 Dependency Override Request

Student's Printed Name

Social Security Number/Student ID#

Telephone Number

Email Address

A. What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students with exceptional circumstances. These circumstances must show compelling reasons for a student to be considered independent rather than dependent.

B. What conditions DO NOT warrant a Dependency Override?

By Federal Law, the following conditions DO NOT warrant a dependency override:

- Parents refuse to provide information on the FAFSA application or for verification
- Parents do not claim student as a dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency

You should complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Financial Aid Office. **We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.**

C. Please note the following:

- You must complete the 2020-2021 Free Application for Federal Student Aid (FAFSA) and submit all requested documents prior to completing and submitting the Dependency Override Form.
- Dependency Override decisions made at other institutions are not accepted.
- Dependency Override decisions **do not** carry over year to year. Each school year you **must** complete a new Dependency Override Form and provide **updated documentation** to support your request.
- All decisions made by the Financial Aid Office on dependency overrides are FINAL.

D. What is next?

Once the Dependency Override Form is submitted it will be reviewed to determine if documentation is sufficient. If any additional information is required you will be contacted via mail and email. Please allow 2 to 3 weeks for a determination.

E. How do I submit this form?

Please complete and return the form to Prairie State College's Financial Aid Office.

A student who does not meet the federal criteria for independent status on the 2020-21 Free Application for Federal Student Aid (FAFSA) may submit this form and supporting documentation for a determination if unusual circumstances exist for granting a dependency status override. The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances.

Turn over to complete form

-Required Documentation-

All of the following items must be submitted with this form for an appeal to be considered:

● **Personal Statement by Student**

Attach a typed personal statement that summarizes the unusual circumstances with your name, college ID, date and signature. Your statements should include the following information: (1) last date and nature of parent contact and (2) location of your parents and (3) how you have supported yourself. Also explain your current living arrangements and means of financial support.

● **Personal Statement by Third Party**

Attach a typed statement signed and dated from a public official (on letterhead) who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents (e.g. teacher, high school guidance counselor, member of clergy, law enforcement representative, social worker, government agency, medical authority, or clerk of courts).

● **Personal Statement by an Adult**

Attach a typed notarized statement signed and dated from an adult who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents.

● **Additional Supporting Documentation**

Attach copies of any relevant supporting documentation (e.g. court documents, legal documents, or police reports).

Student Certification:

To the best of my knowledge, the information in this appeal is true. I understand that misrepresentations of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid.

Student's Signature

Date

Please return this form to the Financial Aid Office. It is recommended that you keep a copy of this form for your records.

FOR OFFICIAL USE ONLY

Action Taken: Approved Denied

Comments:

Reviewed by: _____

Date: _____