Northwest State Community College

2016-2017 Dependency Override Appeal

Student Name: _____ Student NSCC ID: N_____

Street Address _____ City_____ State_____ Zip_____

Phone: _____ Email Address: _____ Date of Birth: _____/_____/_____

This appeal is used to request a dependency override for federal financial aid. It is used after you have filed your FAFSA and indicated that you have special circumstances which prevent you from providing parental information.

The Federal Student Aid Program determines a student's status as dependent or independent by the answers the student provides on the eight questions listed in Step 3 of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents or spouse) are considered the primary source of support for postsecondary education. The Dependency Override process is used to address on a case by case basis a student who claims to be independent but does not meet the federal criteria. The student must demonstrate a unique and extenuating circumstance.

The following provides information and explains the procedure used to determine a student's eligibility for a "Dependency Override." A Financial Aid Administrator will review the student's appeal by examining the supporting documentation provided by the student and will either approve or deny the students request and notify the student in writing. The decision is final and cannot be appealed to the U.S. Department of Education.

THE FOLLOWING IS *NOT* CONSIDERED A UNIQUE AND EXTENUATING CIRCUMSTANCE

- Self-sufficiency of the student
- Parent's unwillingness to complete the parent section of the FAFSA
- Parents refuse to contribute to the student's education
- Not residing at the parent's residence
- Not being claimed as a dependent on your parent's tax return
- Student's desire for grants instead of loans

CIRCUMSTANCES GIVEN CONSIDERATION WHERE PARENTAL SUPPORT HAS BEEN TERMINATED

- Documented abandonment
- Parental drug abuse
- Parental mental incapacity
- Physical or emotional abuse
- Severe estrangement from parents
- Parental Incarceration

Dependency Override Appeal Process

_____**Step #1**: Complete your 2016-2017 Free Application for Federal Student Aid and have it sent to NSCC (School Code 008677).

_____**Step #2**: Complete this form using an ink pen.

_____**Step #3**: Attach a typed letter.

- In your own words tell us why you are requesting a dependency override.
- Describe your relationship with your parents and include any circumstances surrounding the situation
- Include information about how you provide for yourself.
- If you are or have received support from friends and relatives, you must describe the nature of the support.
- Make sure your name, Student ID, date, and signature are included in the letter.

_____**Step #4**: Have at least **two** individuals complete the "Dependency Override Documentation" section of this appeal.

- These individuals should be adults who have direct knowledge of the situation, who are not relatives.
- One individual must be a professional whom you have sought treatment or assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.
- If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member.
- The Dependency Override Documentation must be the original form completed and signed by each individual.

We understand the sensitive nature of these circumstances; therefore all documentation received by our office will be kept confidential.

(OVER)

Prior Petition for Dependency Override Approval

_____ Check here if you have been approved for a Dependency Override Appeal in 2015-2016 aid year by our office and your situation has not changed. You do not have to resubmit the documentation you previously provided. Just complete this page of the form and submit to the Financial Aid Office.

Parent Information: Father Mother

Name: _____ **Name:** _____

Address: _____ **Address:** _____

_____ _____

Phone: _____ **Phone:** _____

Student Information:

1. Did anyone claim you on their federal tax return for 2014? ____Yes ____No 2015? ____ Yes ____No

   If yes for 2014, provide Name: _____ Relationship to you: _____

   If yes for 2015, provide Name: _____ Relationship to you: _____

2. What are your current living arrangements (who do you live with)? _____

3. Current Expenses:

Type of Expenses	Monthly Amount	How Paid
Housing	$	
Utilities	$	
Food	$	
Clothing	$	
Transportation	$	
Medical/Insurance	$	
Personal/Miscellaneous	$	

4. When was the last time you lived with your parent(s)? Month/Year:_____

5. When did your parent(s) last provide any form of support? Month/Year:_____

Student Certification:

I certify that all of the information provided on this form and all attached documentation is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information in order to receive Federal Title IV funds is a federal offense and can be punishable by fines and/or other penalties. I understand that if my situation changes in any way, if I reside with my parents or receive any financial support from them, that I must report this information to the Financial Aid Office.

_____ _____

Student's Signature Date

Northwest State Community College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion or age in its programs or activities.

For Financial Aid Office Use Only:

Outcome: ____ Eligible for Dependency Override
____ Not eligible for Dependency Override

Corrections Entered in Banner (RNAOVxx): Date _____

Comments: _____

_____

Financial Aid Authorization: _____ Date:_____

Northwest State Community College

Dependency Override Documentation
Professional

Student Name: _____ Student NSCC ID: N_____

TO BE COMPLETED BY A PROFESSIONAL WHO HAS WORKED WITH THE STUDENT'S FAMILY. (EXAMPLES OF PROFESSIONAL PEOPLE INCLUDE HIGH SCHOOL COUNSELOR, TEACHER, SOCIAL WORKER, CLERGY, PHYSICIAN, LAWYER, or FAMILY THERAPIST).

The above named student has applied for financial aid at Northwest State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

_____

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Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

_____

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_____

_____

_____

Last date the student: 1. Received financial support from parent(s)? _____ 2. Lived with parent(s)?_____

How long have you known the student? _____

What is your professional relationship with the student? _____

Name of Business or Employer: _____

Business Address: _____ Business Phone #:_____

Your name (please print): _____ Your Title: _____

Your Signature: _____ Date: _____

This page is intentionally left blank.

Northwest State Community College

Dependency Override Documentation
Non-Relative Individual

Student Name: _____ Student NSCC ID: N_____

TO BE COMPLETED BY AN INDIVIDUAL WHO IS AN ADULT AND HAS DIRECT KNOWLEDGE OF THE STUDENT'S SITUATION, WHO IS NOT A RELATIVE. THIS PERSON MUST NOT LIVE AT THE SAME ADDRESS AS THE STUDENT.

The above named student has applied for financial aid at Northwest State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

_____

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Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

_____

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_____

Last date the student: 1. Received financial support from parent(s)? _____ 2. Lived with parent(s)?_____

How long have you known the student? _____

What is your relationship with the student? _____

Your name (please print): _____ Your Phone #: _____

Your physical address: _____

Street Number and Street Name City State Zip

Your Signature: _____ Date: _____