

Student Financial Services  
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Dependency overrides focus on truly exceptional circumstances. Consideration is given on a case-by-case basis. In extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status to make a student independent for the purpose of applying for financial aid.

**NOTE:** We cannot approve requests for students whose sole reason for the request is because their parents are unwilling to provide parental information, or for students who have chosen to live on their own.

Name: \_\_\_\_\_ FVTC Student ID # \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## STEP 1: Reason for appeal

### Check all that apply:

- Your voluntary or involuntary removal from your parents' home due to an abusive family environment (examples: sexual, physical, or mental abuse, substance abuse, or other forms of domestic violence).
- Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
- Your custodial parent passed away. Submit a copy of their obituary, or funeral program.
- Other extenuating circumstances that can be sufficiently documented.

## STEP 2: Submit a typed, signed written personal statement

Attach a typed, signed statement that explains in detail the extreme, unique and/or unusual family circumstances that prevent you from obtaining and providing your parents' information for your financial aid application. Explain how events led to the eventual deterioration/dysfunction in the parent/child relationship between you and your parent(s).

If applicable, include a statement to confirm your circumstances from a friend, relative, neighbor or anyone with knowledge of your family situation. This statement must include their signature, their current phone number and how they know you.

## STEP 3: Third Party Professional Statement

Attach a signed statement on letterhead from a third-party professional who is knowledgeable of your family situation and can verify the reason you are unable to provide your parent's information. This third party should be someone unrelated to you. Appropriate third-party statements are from clergy, school counselors, teachers, social workers, or similar professions.

### Check one:

I have attached a Third-Party Professional Statement

I'm not able to provide a Third-Party Professional Statement. (The FVTC Financial Aid Office will reach out to you for alternatives to this requirement.)

**STEP 4: Complete the following. Do not leave any questions blank. If you don't know or it does not apply, indicate that on the lines provided.**

What are your present living arrangements and with whom do you live?

\_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Are the utilities (i.e. gas, electric, cable, internet) in your name?  Yes  No, please explain:

\_\_\_\_\_

\*If yes, attach a copy of a utility bill in your name. \*If no, attach a written statement from the person supporting the household.

How do you support yourself and pay living expenses? Attach your two most recent paycheck stubs.

\_\_\_\_\_

Medical insurance provided by:  My parent(s)  Myself  I don't have medical insurance.

When did you last live with your parent(s)? \_\_\_\_\_

When did your parent(s) last provide you with any monetary support? \_\_\_\_\_

When did you last have contact with your parent(s)? \_\_\_\_\_

How often do you have contact with your parent(s)? \_\_\_\_\_

**STEP 5: Review & Sign:**

- **If your request is incomplete or submitted without the necessary documentation, processing of your appeal will be delayed until additional information is obtained. You will be notified via your FVTC email address if additional information or documentation is required.**
- **Submission does not guarantee your request will be approved.**
- **You will be notified by email regarding the outcome of your dependency override request.**
- **Please allow up to 10 business days for processing.**

**STUDENT CERTIFICATION:**

I certify that the information provided on this form is true and correct. I also understand that it may be used to override federal regulations regarding my dependency status. I understand that to falsify any information on this form to receive Federal Title IV funds is a federal offense and can be punishable by a fine, imprisonment, or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, I must report this information to the Financial Aid Office. I understand that by signing this form, I authorize the Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ELECTRONIC SIGNATURES NOT ACCEPTED**