



23/24 REQUEST FOR DEPENDENCY OVERRIDE

Directions: Under Federal law to the extent your family is able, they are primarily responsible for paying for your college expenses. To determine how much your family can afford to pay toward your college expenses, we must collect your financial information and your parents' financial information. You must call and schedule an appointment with Sr. Director of Financial Aid, Rachel Cavanaugh, at 910-362-7317 to discuss your circumstances and appropriate documentation.

Please provide requested information below.

Student Name: _____ (Please print) Social Security #: _____ (Required)

Address: _____ Street Apt City State Zip

Phone #: (____) _____

Parent's Information

Mother

Father

Name: _____

Name: _____

Address: _____ Street Apt

Address: _____ Street Apt

City State Zip

City State Zip

Phone: (____) _____

Phone: (____) _____

If parent is deceased, attach a copy of the death certificate.

1. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been in effect?

2. How do you support yourself and meet your living expenses?

MOTHER FATHER

3. When was the last time you lived with your parents?

Month/year Month/year

4. When was the last time you had any contact with your parents?

Month/year Month/year

5. When did your parents last provide any form of support?

Month/year Month/year

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- 6. Please explain, in detail, the reason(s) you should be considered independent. **(To provide additional information that you feel supports your request, please attach a separate sheet.)**

- 7. **WRITTEN EVIDENCE MUST BE ATTACHED.** Please refer to the directions on the front of this form. Your request is **NOT** complete without appropriate evidence of your special circumstance.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY APPLICATION FOR FEDERAL AID, I MAY BE SUBJECT TO A FINE OF UP TO \$20,000, SENT TO PRISON, OR BOTH.

I UNDERSTAND THAT IF I MOVE BACK IN WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

_____ Student's Signature

_____ Date

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For Office Use Only

_____ Dependency Override Approved

_____ Dependency Override Denied

Reason: _____

Certification: I hereby exercise professional judgment based on the information and documentation provided.

_____ Sr. Director of Financial Aid

_____ Date