



20/21 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 Financial Aid Director, Rachel Cavanaugh, at 910-362-7317 to discuss your circumstances and appropriate documentation.

Please provide requested information below.

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
(Please print) (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

For Office Use Only

Dependency Override Approved Dependency Override Denied

Reason:

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

Financial Aid Director Date