



24/25 Unusual Circumstances Form

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.

However, Federal law allows for some exceptions, if you have an unusual circumstance. The following are **examples** of some unusual circumstances where you may submit your FAFSA without parental information:

- Your parents are incarcerated; or
- You have left home due to an adverse/abusive family environment; or
- You do not know where your parents are and are unable to contact them (and you have not been adopted)

You must call and schedule an appointment with Sr. Director of Financial Aid, Rachel Cavanaugh, at 910-362-7317 to discuss your unusual circumstances and the appropriate documentation that you will need to provide BEFORE you submit this form..

Please provide requested information below.

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

Address: _____
Street Apt City State Zip

Phone #: (____) _____

Parent's Information

Mother
Name: _____

Father
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. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your special circumstances. Your sole documentation cannot be from a friend or family member; third party documentation is required.

<p>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.</p> <p>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.</p>	
<p>_____</p> <p>Student's Signature</p>	<p>_____</p> <p>Date</p>

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**