

SCHOOLCRAFT COLLEGE

Office of Financial Aid McDowell Center—MC260 734-462-4433

Dependency
Override Request
2011 - 2012

Student Name _____ Soc Sec. # / Student ID # _____

Currently, you do not meet the federal requirements for independent student status. However, occasionally, due to unusual or extenuating circumstances, a student may petition for an override of the federal requirements. This form (with supporting documentation) allows you to request a review of your dependency status for financial aid purposes. **Completing this form and providing the documentation requested does not guarantee that a change will be made.** You will be notified by mail of the decision.

Note: To be eligible for a Dependency Override, you must meet the Satisfactory Academic Progress standards of the College.

1 SUBMIT THIS FORM WITH A WRITTEN, DETAILED LETTER FROM YOU EXPLAINING YOUR SITUATION (see below) INCLUDE SUPPORTING DOCUMENTATION, as indicated.

2 Review the situations listed below and check the one that best describes your situation. Gather required documentation.

- There has been a breakdown in my family structure due to physical, emotional and/or substance abuse. *Documentation required:*
1. Court documents (**or**)
 2. Letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional that supports your claim of abuse **or**
 3. Police reports
- My custodial parent has died and my other parent is still living. However, I have had no contact with my living parent (including financial support) for a significant period of time. *Documentation required:*
1. A copy of the death certificate or obituary notice for the deceased custodial parent **and**
 2. Documentation of the custodial relationship (i.e., a court document, copy of the divorce decree or other evidence that the deceased was the custodial parent) **and**
 3. Letter (on official letterhead) explaining the situation in detail from a minister, social worker, psychologist, high school counselor, teacher, doctor, social agency or other counseling professional that supports your claim of not having contact with the non-custodial parent for a significant period of time.
- My situation does not fit those listed. *Documentation required:*
1. Documentation that gives an accurate view of your past history and circumstances, and that supports your claim of independence explained in your letter.

NOTE: The US Department of Education does not allow the school to make dependency overrides based solely on the following reasons:

- Student is self-supporting
- Parent(s) will not provide information on the FAFSA or for verification
- Parent(s) do not claim the student as a dependent for income tax purposes
- Parent(s) refuse to contribute to the student's education

Letter from you should:

- identify the location of both your parents
- describe the last time you had contact with each of your parents (when, where and the nature of the contact)
- explain the unusual circumstances that you believe establishes your independent status
- describe your current living situation

3 CERTIFICATION
By signing this worksheet, I certify that all of the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature _____

Date _____

**Fax, mail or bring requested items to the Office of Financial Aid.
We cannot accept originals or make copies. Student must provide copies.**

Office Location: McDowell Center, Room 260
Office hours are: Monday thru Thursday, 8:00 a.m. – 6:00 p.m.
Friday, 8:00 a.m. - 4:30 p.m.
Phone number: 734-462-4433 If you have any questions, please contact us.
Fax number: 734-462-4527 You may fax forms and responses.
Email: finaid@schoolcraft.edu

For Office Use Only

Approved _____
 Denied initials/date

Reason: