SHAW UNIVERSITY 1865 | Office *of* Financial Aid

2023-2024 Dependency Override Form

Student's Last Name _____ First Name _____ MI _____ Student ID _____ /

Student's Street Address (include Apt. No) _____ Student's Home Phone # _____ / Student's Cell Phone# _____

City _____ State _____ Zip _____ Email address: _____

The Financial Aid Office is required to consider parental information and expect a parental contribution for students who are not independent according to the FAFSA definition unless exceptions are made. **Exceptions are made only when adequate documentation of extenuating circumstances exists.** Extenuating circumstances are generally defined by a student's inability to have contact with his/her parents. Review the reasons for appeal below and check the one that describes your circumstance. **If none of these circumstances apply to your situation, do not complete this form.**

____ Circumstances within your family prevent you from obtaining your parents' financial information.

____ An abusive home situation (physical, psychological, sexual) which is detrimental to your physical or mental well-being.

____ Abandonment by both parents/unable to locate parents.

____ Incarceration of the custodial parent

DOCUMENTATION

Attach a personal statement explaining your circumstance completely and explicitly explaining the basis of your request. Please note that your statement will be used only to determine if a dependency override should be granted; the information will remain confidential. Additional documentation is **required** from a third party and must verify the family circumstances described in your personal statement. Acceptable sources are school guidance counselor, medical authority, mental health professional, teacher or professor, attorney, law enforcement officer, social worker, officer of the court, clergy. Documentation must be on letterhead.

Signed statements from family and/or friends **may** be submitted as **supporting** documentation. If the dependency override is being requested due to the death of a parent, a copy of the death certificate and/or newspaper obituary is required. If your last name is different from your parent's, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstance which proves your relationship.

Unacceptable sources of documentation include:

1. Proof of house/apartment lease and/or bills in your own name
2. Income of parent(s) that made student ineligible for financial aid.
3. Statement from parent(s) that the student is not claimed as a federal income tax exemption and will not receive any parental assistance for college and/or living expenses.

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Student's Full Name (FML) _____ ID # _____

STUDENT CERTIFICATION - Read Carefully Before You Sign

By signing this form, I certify that all information included in this request for a dependency override is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility for aid jeopardized. **PLEASE NOTE THAT A DEPENDENCY OVERRIDE IS APPROVED ON AN ANNUAL BASIS. YOU WILL HAVE TO UPDATE YOUR INFORMATION AND SUBMIT A NEW REQUEST EACH YEAR. APPROVAL IS NOT AUTOMATIC.**

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Approved_____ Denied _____

Counselor Signature/Date _____ Director Signature/Date _____