

Dependency Override Appeal

Student ID _____

Student Full Name:		
Social Security Number:		Date of Birth:
Address:		
City:	State:	Zip Code:
Phone Number: () -		

Federal financial aid regulations assume that the family has the primary responsibility of meeting the educational costs of students. If you are considered a Dependent Student based on the FAFSA definition for dependent student, your financial aid eligibility is determined using your parent(s) income/asset information, in addition to your own. Dependent students are required by law to provide parental information and signature(s) to be considered for federal financial aid. Federal financial aid includes grants and student loans.

Occasionally, due to unusual circumstances, a student should not be considered as a dependent. A student working and being self-sufficient financially is NOT an unusual circumstance and will not be considered for a Dependency Override.

To request a Dependency Override a student must provide documentation of the unusual circumstances that they believe should make them Independent for financial aid purposes. The documentation, along with a typed letter from student, will be your appeal.

Explain the following in your appeal letter:

1. What unusual circumstance warrants your appeal?
2. The current location of both parents.
3. Describe the last time you had contact with each parent: when, where, and the nature of the contact.
4. Describe your source of income. List your employment status and income.
5. Provide copies of your health insurance and auto insurance policies.
6. Provide statements and contact information from two responsible adults who are aware of your situation, such as from a pastor, teacher, employer, counselor. Not from roommates and friends.
7. Copies of court documents, police records, medical records, guardianship papers are the types of documentation you should submit.

I certify that all of the information provided by me is true to the best of my knowledge. If I purposely give false or misleading information on any financial aid document I may be fined, sentenced to jail or both. Failure to provide the required documentation could cause your appeal to be denied or delayed.

Signature: _____ Date: _____

Return Appeal Letter and Documentation to: Elizabethtown Community & Technical College
 Financial Aid Office RPC 105
 610 College Street Road
 Elizabethtown, KY 42701

Office Use Only:

Review Date: _____

Committee	Approve	Deny	Defer	Comments

Committee Decision

Approved

Denied

Justification: _____

Other: _____

Notice Mailed: _____