



Dependency Override

Student Name: _____ WSCC ID: _____ DOB: ____/____/____

INSTRUCTIONS:

Read all instructions and the policy below. Complete the Dependency Override Form and submit the required documentation to the Office of Financial Aid at Washington State Community College. The Dependency Override Form can be found on the college's website at www.wsccl.edu/financial-aid, under Forms and Documents or pick up a copy at the Student One Stop. Failure to provide complete documentation will result in a delay of processing of your request. Please allow two weeks for the review to be completed.

All decisions concerning a student's dependency override are final and cannot be appealed to the U.S. Department of Education.

POLICY: Federal Regulations provide Financial Aid Administrators at Washington State Community College the opportunity to use professional judgment, on a case-by case basis, to grant a dependency override when extraordinary circumstances can be documented for a student. The unusual circumstances must show reason for a student to be considered independent rather than dependent. The U.S. Department of Education has specified that the following reasons **DO NOT** merit a dependency override:

1. Parents refusing to contribute to the student's education
2. Parents refusing to provide information on the FAFSA or for verification
3. Parents do not claim the student as a dependent for income tax purposes
4. Student demonstrates self-sufficiency
5. Student does not wish to communicate with parents
6. Student will not qualify for financial aid if parents' income is used

The Office of Financial Aid at Washington State Community College will consider the following guideline for review for a dependency override:

Irrevocable severances of family ties exist due to extreme circumstances or life-threatening situations. Acceptable situations may include physical abuse or neglect. There must currently be a complete lack of contact with both parents.

Students must reapply each year for a dependency override if your request is approved.

Dependency Override

STEP I: Student Information

Student Name: _____ WSCC ID: _____

Phone (_____) _____ DOB: ____/____/____

Address _____

STEP II: Reason for Submitting Dependency Override Form

1. Please describe in detail the dates and circumstances that surrounded your severance of parental ties. Acceptable situations may include physical abuse or neglect. There must be a complete lack of contact now with both parents. (Attach an additional sheet if necessary).

2. Date of last contact with your parents? ____/____/____

3. Please detail where you have been living since you ceased living in your parent's household. Please include names and addresses of landlords and amounts of rent.

4. Please detail how you have been able to support yourself. Please list where you have been working and what you have been your earnings since you ceased living with your parents. Please explain any periods of non-employment and how you supported yourself.

Dependency Override *(continued)*

5. Have you received other forms of income assistance since you have become self-supporting? Please list sources and amounts and dates of receipts. **If another individual provides support, please list name of person, relationship and amounts received on your behalf.**

6. Are you currently covered under your parents' health insurance? Yes _____ No _____

7. Are you currently covered under your parents' auto insurance? Yes _____ No _____

STEP III: Required Documentation *(This must be submitted or a review will not be conducted.)*

- Required Third Party Documentation- Two (2) letters from third party/agency (clergy, attorney, counselor, mental health professionals, or caseworkers) on their letterhead confirming the specifics of your circumstances as described by you. This documentation must be in writing, on appropriate letterhead, and signed. (Note: a person who can only verify that you told him/her about your circumstance does NOT meet this criterion).
- Court documentation or official records supporting your claims.

STEP IV: Certification and Signature

I certify that the information provided on this form and the attached documentation is true and correct to the best of my knowledge. I realize that purposely giving false or misleading information on this form may result in a fine, prison sentence or both.

Signature _____

Date _____

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop.
Or, fax 740.376.0257, scan & email finaid@wscce.edu or mail 710 Colgate Dr., Marietta, OH 45750.

<i>Office Use Only</i>	
Date Received: _____	Approved? YES _____ No _____
FAO Signature: _____	Date: _____