

SC Southeast community college
2009-10 Dependency Override Request Form

Student Name: _____ Student ID/SSN: _____

This form is for dependent students who do not meet the federal criteria for "independent" status, but wish to have their unique circumstances reviewed in order to be considered an independent student.

Students who are estranged from their parents due to extreme circumstances which can be documented by an objective third party (social service agency, pastor, and/or counselor) may qualify for special treatment. An example of extreme circumstances is a student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety, and due to these conditions, parental support was terminated.

Self-sufficiency of the student or the parental unwillingness to financially contribute to a student's education is not sufficient reason for a dependency override.

Submit the following information to the Financial Aid Office:

- A signed detailed letter explaining why you should be considered independent for financial aid purposes. Describe the circumstances of the separation from your parent(s) and the current status of your relationship with them. The information you provide will be kept confidential.
- A signed letter from a professional adult to verify the family circumstances you described in your personal statement. The letter must be signed, dated, and on his/her company letterhead and include his/her contact information. Professional adults include, but are not limited to, guidance counselors, doctors, family counselors, mental health professionals, and law enforcement officers.
- Your 2008 signed Federal Income Tax Return and/or proof of any untaxed income received. If your income was unusually low, you will also need to complete a Low Income Form (available from the Financial Aid Office).

STUDENT CERTIFICATION:

I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate. If I give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

Student's Signature: _____ Date: _____