



Dependency Override Form

Based on guidelines set by the U.S. Department of Education (ED), you are a dependent student. However, the DOE recognizes exceptions to this rule and will allow financial aid administrators the ability to waive the criteria in extreme circumstances.

Per federal regulations, the following situations, in and of themselves, do not automatically qualify a student as independent for financial aid purposes:

- Your parents do not want to provide their information on your FAFSA; or
Your parents refuse to contribute to your college expenses; or
Your parents do not claim you as a dependent on their income taxes; or
You do not live with your parents and you provide for all your personal expenses.

To be considered for a dependency override, you must provide the information listed below. This information will be held in the strictest of confidences. Failure to provide any required documentation will result in an automatic denial. Be advised that information will be reviewed and your request may be denied. The Office of Financial Aid will notify you of the decision.

ALL DECISIONS BASED ON THIS REQUEST ARE FINAL AND CANNOT BE APPEALED FURTHER.

Name \_\_\_\_\_ Methodist ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

- 1. Personal Statement: On a separate page, please tell us, in your own words, why you should be considered an independent student. Explain the circumstances leading to your independence from your family. Provide detailed description of events that forced you to separate yourself from your family. Include dates of events and whether or not a restored relationship with your parents is probable.
2. Professional Letters: Provide two separate statements, from two separate individuals (not family members), to verify the events leading to your separation from your parent's household that you described in your personal statement. Professional individuals include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, and law enforcement officers.
3. Personal Support Statement: On a separate page, specifically tell us how you have supported yourself in the past and how you plan to continue supporting yourself in the future. Be sure to include what your average monthly expenses are and how they are covered. You need to provide documentation supporting the information contained in this statement. If you are receiving support from friends or relatives, you must describe the nature of this support.
4. Free Application for Federal Student Aid: A completed FAFSA must be received by the Office of Financial Aid before this process can be completed. Please go to www.studentaid.gov/h/apply-for-aid/fafsa and complete this form.

Certification Statement: I hereby certify that all information in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand that failure to provide documentation will result in a denial and that filing an appeal does not guarantee an override of my dependency status. I understand the decision based on this request cannot be appealed further and is final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This section for FA Office Use ONLY: [ ] Approved [ ] Denied [ ] Information Requested

(Description/Date)