REQUEST FOR DEPENDENCY OVERRIDE

The Department of Education, determines a student’s dependency status by answers provided on the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent based on their responses. The federal student aid programs are based on the principle that students (and their parent(s) or spouse, if applicable,) are considered the primary source of support for postsecondary education.

Self-sufficiency of the student or parental unwillingness to financially contribute to a student’s education is not sufficient reason for granting a dependency override. However, there are situations where a student may have unusual circumstances which would allow a student to be considered independent. A justifiable reason which excuses the parent(s) from financial responsibility must exist.

The following information covers the procedure that is applied to determine a student’s eligibility for a “Dependency Override”. A Financial Aid Administrator will review the student’s appeal by examining the supporting documentation provided by the student, and based on their professional judgment, will either approve or deny the student’s request. The student will be notified in writing of the decision.

PLEASE NOTE: The Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.

SECTION I: CIRCUMSTANCES GIVEN CONSIDERATION
A. A student’s voluntary or involuntary removal from their parent(s’) home due to an extreme situation that threatened the student’s health and/or safety and due to these conditions, parent support was terminated.
B. Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
C. Other extenuating circumstances that can be sufficiently documented.

SECTION II: REVIEW PROCEDURES
A. All submitted documentation will be reviewed by the Financial Aid Administrator to determine if the student will be granted a Dependency Override.
B. An official notification of the Administrator’s decision will be sent to the student along with an explanation of any further actions necessary to complete his/her application for aid.
C. The student must complete a FAFSA for the year under review, bypassing the requested parental information. The Financial Aid Administrator will make any necessary corrections electronically to the original FAFSA form.
D. All documentation will be maintained in the student file.

SECTION III: RENEWAL OF A DEPENDENCY OVERRIDE FOR FUTURE YEARS
A dependency override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override in the previous academic year must reapply each year. If the student is re-approved for the Dependency Override, the Financial Aid Administrator will need to make necessary changes to the student’s FAFSA.
STUDENT INFORMATION AND CERTIFICATION (Please print clearly. Do not leave any item blank.)

Name: _______________________________ SS#: ______ / ____ / ____

1. Did anyone claim you on their most recent Federal Income Tax Return?
   □ NO
   □ YES — Person’s Name: ______________________ Relationship to you: ____________

2. Did anyone claim you on their prior year Federal Income Tax Return?
   □ NO
   □ YES — Person’s Name: ______________________ Relationship to you: ____________

3. Have you previously been approved for a Dependency Override at the BAC? (check one)
   □ NO □ YES

Please provide the following to complete your request:

A. A personal statement requesting your Dependency Override. This statement should be
   one to two pages and provide as much detail as possible describing your separation from
   your parents. You are required to include the following information:
   ➢ The whereabouts of your biological father and biological mother (if known) including
     their current living arrangements. Include the last contact you had with each biological
     parent and the frequency of contact with each biological parent over the past five (5)
     years.
   ➢ Why you cannot provide parental financial information on the current year FAFSA.
   ➢ Your living arrangements over the past five (5) years. Whom have you resided with?
     Who has provided support to you?
   ➢ Your name, Social Security number, and signature.

B. Letters from two individuals who can attest to your situation. Their letters should be
   one to two pages and provide as much detail as possible describing your separation from
   your parents.
   ➢ One letter should be from a professional not related to the student — i.e. counselor,
     lawyer, social worker, clergy, teacher, police.
   ➢ The second letter can be from anyone with knowledge of your situation.
   ➢ Each letter must include the individual’s name, title or position, address and must be
     signed.
   ➢ The individuals cannot be related to each other AND must reside at separate addresses.

C. A completed and signed FAFSA — leave the parent section blank.

D. A signed copy of the student’s most recent Federal Income Tax Return.

E. A completed and signed Independent Verification Form.

I CERTIFY THAT THE INFORMATION LISTED ON THE FORM AND ALL SUPPORTING
DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE IS CORRECT
AND COMPLETE.

__________________________________________ / ______ / ______
Student Signature Date