



Office of Financial Aid

2018 - 2019
**DEPENDENCY OVERRIDE
Appeal Form**

LAST NAME _____ FIRST NAME _____ MI _____ STUDENT ID# _____

(_____) _____

PHONE # _____ EMAIL ADDRESS _____

A financial aid administrator may grant a dependency override on a case-by-case basis for students with unusual circumstances. Please complete this dependency override request and return it the Financial Aid Office with supporting documentation.

Required Documentation

Personal Statement:

Please provide a detailed statement explaining the severe situation(s), beyond your control, that exists in your family preventing you from obtaining your parent’s financial information. Be sure to explain your relationship with each of your biological or adoptive parents.

Supporting Statements:

ONE signed and dated letter from a third party professional
(counselor, teacher, attorney, etc.)

OR

TWO signed and dated letters from
individuals who are familiar with your
unusual circumstance.

Supporting statements must include the following:

- Must be familiar with your situation and explained in detail
- Must state relationship to you in their letter
- Must state the reason for the **unusual circumstance**
- Third party letters must be on official letterhead
- Must be signed and dated

You may submit any additional documentation you feel will support your appeal.

Per explicit guidelines from the Department of Education, the conditions listed below singly or in combination **DO NOT QUALIFY** as unusual circumstances nor do they merit a dependency override:

- Student demonstrates total self-sufficiency.
- Parents are unwilling to provide information on the application or for verification.
- You do not live with your parents.
- Your parents do not claim you on their federal or state tax forms.

Certification

By signing below, I acknowledge and confirm that this information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: _____ Date: _____



Office of Financial Aid

**2018 - 2019
DEPENDENCY OVERRIDE
Renewal Form**

LAST NAME	FIRST NAME	MI	STUDENT ID#
()			

PHONE #	EMAIL ADDRESS
---------	---------------

If you were granted a Dependency Override at ECC in 2017 – 2018, please complete this dependency override renewal request and return it the financial aid office with the required documentation.

Required Documentation

Personal Statement:

Please provide an updated statement regarding your family situation. Be sure to indicate if your circumstances have improved or if they have not changed since your last appeal. Changes in circumstances should be accompanied by appropriate documentation.

Be sure to sign and date your personal statement.

Certification

By signing below, I acknowledge and confirm that this information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: _____ Date: _____