



Dependency Override Appeal Request Form

REGULATIONS provide for an appeal process, by which the Office of Student Financial Services may decide that a student is independent for financial aid purposes. This is called a Dependency Override, and is decided on a case-by-case and year-by-year basis. Only adverse family situations will be considered for a dependency override. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity, incarceration, or other circumstances beyond your control. **Documentation is required.**

Read this first: Financial aid eligibility is based on the family as the first source of a student's support. According to federal regulations, the following conditions **DO NOT** qualify as reasons for a Dependency Status Appeal:

- Students living on their own;
- Parents refusing to contribute to the student's education
- Parents not claiming the student as a dependent for income tax purposes;
- Parents unwilling to provide information on the FAFSA or documents for verification process.

STUDENT INFORMATION

Student Name		LincolnU ID#		
Mailing Address				LincolnU Email
City	State	Zip	Home Phone (+ Area Code)	Cellphone (+Area Code)

WHAT YOU SHOULD DO

To be considered for a Dependency Override, you **must** submit the following along with this form:

- **Signed student statement.** Attach a signed, typed statement that clearly and fully describes the adverse situation that makes you independent. Examples to include: Why you left your parents' home? At what age? Was Child Protective Services involved? Describe any abusive situation at home, drug or alcohol abuse, if applicable. Were your parents emotionally stable? Was the family stable? Other?
- **Letters of Support.** Attach three (3) signed and dated, typed statements (on letterhead) from credible sources who have knowledge of your adverse family situation. The letters should clearly describe the adverse situation that may qualify you for a dependency override. We need these statements to verify your circumstances. **Preferred:** Court and law enforcement documents or typed statements on letterhead from sources such as counselor, teacher, clergy member, social worker, probation officer, psychologist, etc.

CERTIFICATION

I certify the information submitted along with this Dependency Override Appeal Request Form is accurate, true, and complete to the best of my knowledge. I realize that a final decision will not be given unless all steps above are completed or until I submit any additional information if requested by LincolnU Student Financial Services. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.

Signature

AFTER YOU SUBMIT YOUR APPEAL

After carefully reviewing your circumstances LincolnU Student Financial Services will decide if parental information is required or if your situation allows us to proceed without you providing parental data. The decision is final and cannot be appealed to Federal Student Aid.

- If your appeal is approved- LincolnU Student Financial Services will submit a correction to the FAFSA Central Processing System with a Dependency Override and your financial aid will be processed based on independent status.
- If your appeal is not approved- you **MUST** provide parent financial information and signatures using FAFSA online. Return to www.fafsa.gov and provide all necessary information.

PLEASE NOTE:

If your FAFSA is renewed each year, a renewal request for a Dependency Override along with a typed letter describing your current situation must be submitted before any financial aid is awarded.

**Print your Name and Student ID Number on ALL Documents ■ Return this form with all documents attached to:
Student Financial Services ■ 820 Chestnut Street, Young Hall Suite 103 ■ Jefferson City, MO. 65101
By Fax ■ (573) 681- 5871**