

2024-2025 Dependency Override Form

Student Name: _____ Student ID Number: _____

You have indicated on your FAFSA, you either meet a criteria listed below, or are unable to provide parental information. Please mark the applicable circumstance, and provide the documentation listed below:

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? If so, please submit:

- Death Certificate for deceased parent(s)
- Documentation showing you were in foster care
- Documentation showing you were a ward of the court

As determined by a court in your state of legal residence, are you or were you an emancipated minor? If so, please submit:

- Court documentation showing you were declared an emancipated minor

Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? If so, please submit:

- Submit proof of legal guardianship

At any time or after July 1, 2023, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk for being homeless? If so, please submit:

- Proof of homelessness as determined by the high school/school district

At any time on or after July 1, 2023, did the director of an emergency shelter or transitional

Potential Circumstances Continued:

At any time on or after July 1, 2023, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? If so, please submit:

- o Proof of homelessness as determined by transitional living program

I have extenuating circumstances that are not listed above. Please briefly explain your situation below. If your situation is determined to be extenuating (according to Federal guidelines), you will be required to provide additional documentation.

CERTIFICATION

I understand that submission of a Dependency Override Form to the Financial Aid Office does not guarantee I will be declared an independent student and no approval will be considered without documentation. I understand this information must be review and approved by the Director of Financial Aid. By signing this application, I certify that the information on this form and contained within the supporting documentation is true, correct and complete to the best of my/our knowledge.

Student's Signature _____

Date _____

UPLOAD ALL DOCUMENTS TO YOUR MYPIONEER PORTAL (under the dependency documents link – if the link is unavailable, drop off to your nearest campus

FOR OFFICE USE ONLY:

Review Date _____ Reviewed By _____ Approve Deny Cancel Request
