INDIANA WESLEYAN UNIVERSITY

2012-2013 Appeal for Dependency Override

Financial Aid Office, CAPS

Student Name: _____

Student ID: _____ Social Security Number: X X X – X X – ___ ___ ___ ___

Most unmarried undergraduate students under the age of 24 are considered **dependent** for purposes of determining eligibility and awarding student financial aid. If you feel you should be considered independent after answering "no" to all questions regarding your dependency status in Step 3 on the FAFSA, you may request a review of your circumstances. Circumstances are reviewed per award year. The time frame for which we will consider exceptions for the 2012-2013 award year is July 1, 2012 – June 30, 2013. We must have a complete, valid FAFSA on file before we can review unusual circumstances and re-evaluate your financial aid package.

Complete this form and submit it to the CAPS Financial Aid Office along with any requested supporting documentation. Failure to submit a completed form with the requested supporting documentation will result in denial of the request for exception. Feel free to attach a statement to explain your individual situation in more detail.

Adjustments made by Indiana Wesleyan University's CAPS Financial Aid Office are made on a case-by-case basis, are not guaranteed, and affect student financial aid eligibility only while the student is enrolled at IWU. The exception you receive from IWU does not apply at other colleges or universities nor do their decisions apply at IWU.

Indiana Wesleyan University considers only the following as a valid reason for granting a dependency override:

❑ **Irreparable breakdown in the family relationship due to physical abuse, emotional abuse, or mental incapacity**.

- The unwillingness of your parent(s) to provide parental information or financially support your education is **NOT** a valid reason for granting an override.
- Your unwillingness to seek financial assistance from your parent(s) is **NOT** a valid reason for granting an override.

Required Documentation: You must submit 3 letters detailing your circumstances. These letters must provide enough detailed information for our office to make an informed determination of your circumstance and must also include contact information from the individuals writing the letters. We understand that your situation is personal. We hold your information in the highest confidentiality. Only authorized financial aid personnel or others deemed necessary by law have access to your information.

1. A letter from the student detailing his/her situation.
2. A letter from a professional adult (pastor, guidance counselor, social worker, etc.).
3. A letter from another adult (family member or friend) that knows and understands the situation.

Validation Statement: I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the CAPS Financial Aid Office at the time there are changes to the situation on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided affects only the student financial aid received at Indiana Wesleyan University for the 2012-2013 award year.

_____ _____

Student Signature Date

Mail, email, or fax completed form and supporting documentation to:

Financial Aid Office, CAPS 1900 W 50th St Marion IN 46953
Phone: 800-621-8667 option 4 apsfinaid@indwes.edu Fax: 765-677-2030