

2013-2014 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 2013-2014 award year is July 1, 2013 – June 30, 2014. 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 a	s a valid reason for granting a dependency override:
		☐ Irreparable breakdown in the family relationship due to	o physical abuse, emotional abuse, or mental incapacity.
 The unwillingness of your parent(s) to provide parent a valid reason for granting an override. 	ntal information or financially support your education is NOT		
 Your unwillingness to seek financial assistance fr override. 	om your parent(s) is NOT a valid reason for granting an		
detailed information for our office to make an informed contact information from the individuals writing the letters	ling your circumstances. These letters must provide enough determination of your circumstance and must also include s. We understand that your situation is personal. We hold rized financial aid personnel or others deemed necessary by		
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	d) that knows and understands the situation.		
Furthermore, I agree to contact the CAPS Financial Aid Office request for exception has been founded. I understand that	ed is complete and true to the best of my knowledge. e at the time there are changes to the situation on which the t changes made to my student financial aid eligibility based nancial aid received at Indiana Wesleyan University for the		
Student Signature	Date		
Mail, email, or fax completed form and supporting docume	entation 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