

Student Signature

FINANCIAL AID OFFICE, COLLEGE OF ARTS AND SCIENCES
4201 SOUTH WASHINGTON STREET
MARION, INDIANA 46953-4974
866-468-6498 | 765-677-2116
765-677-2809 FAX
FINAID@INDWES.EDU

Appeal for Dependency Override 201;	3-2014
Student Name:	ID#:
Social Security Number: XXX - XX -	
Most unmarried undergraduate students under the age of purposes. If you feel you should be considered independency our dependency status in Step 3 on the FAFSA, you may recircumstances is completed affecting the award year only, the frame of <b>July 1, 2013 – June 30, 2014</b> only, are considered evaluation of your financial aid package can be doned documentation attached, to the Financial Aid Office at than 10 business days before the end of academic year completed until ALL documentation is received. If you do not for an exception will be denied. Feel free to attach any stated detail.	ent after answering "no" to all questions regarding equest a review of your circumstances. A review of hus situations that exist between or affect the time red. A completed FAFSA must be on file before an Please return this form, with all required the address printed at the top of this form no later to guarantee consideration. No review can be not provide the requested information, your request
*** Adjustments made by the Indiana Wesl are reviewed on a case-by-case basis, not g while a student is enrolled only at IWU. T does not apply at other colleges or univers IWU. ***	uaranteed, and affects aid eligibility The exception you receive from IWU
<ul> <li>Please note:</li> <li>The unwillingness of your parent(s) to provide parental is NOT a valid reason for granting an override.</li> <li>Your unwillingness to seek financial assistance from your override.</li> </ul>	
Indiana Wesleyan University only considers the following as	a valid reason for granting a dependency override:
☐ Irreparable breakdown in the family relationship mental incapacity.	ip due to physical abuse, emotional abuse or
Required Documentation: You must submit 3 letters de provide enough detailed information for our office to make a and must also include contact information from the individu situation is personal. Your information is held in the highest personnel or others deemed necessary by law have access to  1. A letter from the student detailing his/her situation  2. A letter from a professional adult (pastor, guidance  3. A letter from another adult (family member or friende	an informed determination of your circumstance talls writing the letters. It is understood that your t confidentiality, so only authorized financial aid your information.  counselor, social worker, etc.).
Please sign this form, attach the required letters, and send it	to the Financial Aid Office at the address above.
I certify the information provided is complete and true to th situation, I agree to notify the IWU Financial Aid Office. eligibility, based on the information provided abo Wesleyan University for the 2013-2014 academic ye	I understand that any changes made to my ve only, affects the aid received at Indiana

Date