



FINANCIAL AID OFFICE, COLLEGE OF ARTS AND SCIENCES  
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MARION, INDIANA 46953-4974  
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## Appeal for Dependency Override 2014-2015

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Social Security Number: XXX - XX - \_\_\_\_\_

Most unmarried undergraduate students under the age of 24 are considered **dependent** for financial aid purposes. 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. A review of circumstances is completed affecting the award year only, thus situations that exist between or affect the time frame of **July 1, 2014 – June 30, 2015** only, are considered. A completed FAFSA must be on file before an evaluation of your financial aid package can be done. Please return this form, with **all required documentation attached**, to the Financial Aid Office at the address printed at the top of this form *no later than 10 business days before the end of academic year to guarantee consideration*. No review can be completed until ALL documentation is received. If you do not provide the requested information, your request for an exception will be denied. Feel free to attach any statement to explain your individual situation in more detail.

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

### Please note:

- ◆ 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.

Indiana Wesleyan University only considers 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.**

**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. It is understood that your situation is personal. Your information is held in the highest confidentiality, so 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.

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 the best of my knowledge. If there are changes to my situation, I agree to notify the IWU Financial Aid Office. **I understand that any changes made to my eligibility, based on the information provided above only, affects the aid received at Indiana Wesleyan University for the 2014-2015 academic year.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date