

## Appeal for Dependency Override 2017-2018

Appropriate to use if, after answering “No” to all questions regarding your dependency status in Step 3 on the Free Application for Federal Student Aid (FAFSA) you still believe you should be considered independent.

***This form and all required documentation must be received 10 business days before the last day of your attendance in this academic year.***

Student Name: \_\_\_\_\_ ID# or last four digits of SSN: \_\_\_\_\_

Most unmarried undergraduate students under the age of 24 are considered **dependent** for financial aid purposes. Students who believe they qualify for an exception to this policy must complete this form and provide supporting documentation. A review of circumstances is completed affecting the award year only, thus situations that exist between or affect the time frame of **July 1, 2017 – June 30, 2018** only, are considered

### **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 irreparable breakdown in the family relationship*** due to physical abuse, emotional abuse, or mental incapacity ***as a valid reason for granting a dependency override.***

### **Documentation required to complete the adjustment:**

- ✓ Current FAFSA must be submitted.
- ✓ Three detailed letters from the following individuals must be submitted.\*Letters must include detailed information outlining the situation and must include contact information for the individual writing the letter.
  - A letter from a professional adult (pastor, guidance counselor, social worker, etc.).
  - A letter from another adult (family member/friend) that knows and understands the situation.
  - A letter from the student requesting the Dependency Override outlining their situation.
- ✓ Include any additional documentation to corroborate the situation (police report, medical report, etc.)

**All steps must be completed for this to be considered by the IWU Financial Aid Office. Additional documentation may be requested.**

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 and only affects aid for the 2017-2018 academic year. I understand I will need to submit a renewal form annually to renew my dependency override.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Residential Financial Aid Signature

\_\_\_\_\_  
Date