INDIANA WESLEYAN UNIVERSITY

FINANCIAL AID OFFICE, RESIDENTIAL EDUCATION
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Appeal for **Renewal** of Dependency Override 2016-2017

Appropriate to use if in 2015-2016 at IWU you were granted an Appeal of Dependency Override **AND** 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. If you meet the criteria to be considered a Homeless Youth, please see our website and complete the *Unaccompanied Homeless Youth Determination* Form instead of a Dependency Override form.

A review of circumstances is completed affecting the award year only, thus situations that exist between or affect the time frame of **July 1, 2016 – June 30, 2017** only, are considered. ***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: _____ Student ID# _____

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 abandonment by parents, irreparable breakdown in the family relationship*** due to physical abuse, emotional abuse, or mental incapacity, ***or a student being unable to locate all legal guardians as a valid reason for granting a dependency override.***

Documentation required to complete the appeal process:

- ✓ Current FAFSA must be submitted
- ✓ Two letters must be submitted to outline the continuation of your family situation.
  - ❑ A detailed letter from the student outlining the continuation of the irreparable breakdown in the family relationship must be submitted
  - ❑ A detailed letter from one additional adult outlining the continuation of the irreparable breakdown in the family relationship must be submitted.
- ✓ 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 2016-2017 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