

2011 – 2012 Request for Dependency Override Application

The U.S. Congress and Department of Education determine the criteria for whether a student is considered dependent or independent of their parents for financial aid purposes. If you can answer YES to one or more of the following questions you do not need to complete this form.

- Were you born before January 1, 1988?
• As of today, are you married? (Answer "Yes" if you are separated but not divorced.)
• During the school year 2011 – 2012, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, or graduate certificate, etc.)?
• Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
• Are you a veteran of the U.S. Armed Forces?
• Do you have children who will receive more than half of their support from you, or do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2012?
• At any time since you turned age 13, were both of your parents deceased, or were you in foster care or were you a dependent or ward of the court?
• Are you or were you an emancipated minor or in legal guardianship as determined by a court in your state of legal residence?
• At any time on or after July 1, 2010, were you determined to be an unaccompanied youth who was homeless?

If you do not meet one of the above conditions but still feel there are extenuating circumstances that might warrant re-evaluation of your dependency status, provide the following information so that your financial aid administrator may make this determination. You may be asked for additional documentation depending on your individual situation. The fact that the student has not been listed as a parental income tax exemption or that the student has moved out of the parental home, does not automatically qualify a student for independent status.

If you wish to be considered for a change in status to an "independent" student designation, mark the circumstance below that applies to you and complete the requested information. Submit this application and the requested documentation to the Financial Aid Office with a completed and signed Free Application for Federal Student Aid (FAFSA). Requests will not be considered until all required documentation has been submitted.

Students who are approved for a Dependency Override must request a review of their dependency status each year they are applying for financial aid. Renewal is not automatic.

➤ NOTE: It is your responsibility to provide all requested documentation. Failure to do so will result in your application not being considered.

Student's Name: _____
Last First MI

Last 4 digits of Student's Social Security Number: XXX - XX - _____

Address: _____
Street City State Zip

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Which circumstance applies to you?

- A. All normal family contact was terminated between you and your natural parents or you were a minor, and a legal guardian was never appointed to you prior to age 18.

Date of termination of contact: _____

Documentation: ✓ Write a confidential letter explaining (1) the nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; (3) why you cannot obtain information and / or support from your parents; and how you have been supporting yourself.

- ✓ Provide a signed statement on letterhead from a professional counselor (example: school counselors, caseworker, psychologist, court officer, attorney, pastor, etc.) who will certify that the above circumstances are true.

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- ✓ Copy of your signed 2010 Federal income tax return and documentation of your living status (copies of 2010 lease agreement, bills and cancelled checks showing payment for utilities, car, car insurance, rent or similar expenses for the past 12 months).

- B. You have lived with a family member or another responsible adult other than your parents for at least one year and have not been supported by either parent during that time.

Date of moving in with other adult: _____

Documentation: ✓ Write a confidential letter explaining (1) the nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; (3) why you cannot obtain information and / or support from your parents; and how you have been supporting yourself.

- ✓ Provide a signed copy of your 2010 Federal income tax return and a signed statement from the adult or family member, certifying that you have lived with them on a continuous basis for at least one year and that person has supported you during this time without parental support.

- ✓ Provide a signed statement on letterhead from a professional counselor (example: school counselors, caseworker, psychologist, court officer, attorney, pastor, etc.) who will certify that the above circumstances are true.

- C. You have been married (but are now separated or divorced) and live in a household apart from your and / or your spouse's parents, you filed income taxes or received documented personal income during 2010 and you will continue to have such income from a source other than your parents during 2010.

Documentation: ✓ Signed copy of 2010 Federal income tax return and copy of 2010 Missouri tax form or proof of income and proof of 2010 income source, and a copy of your divorce decree.

- ✓ Documentation of separate household during 2010 (e.g. utility bills or rent receipts for all of 2010, or a statement from your landlord certifying to the dates that you lived there).

- D. Both of your parents are deceased.

Date of deaths: _____

Documentation: ✓ Obituary or death certificate

- E. Other unusual circumstances:

Documentation: ✓ Please provide a detailed written description documenting your individual situation on 8 ½ X 11 paper. Provide a signed copy of your 2010 Federal income tax return and a signed statement on letterhead from a professional counselor (example: school counselors, caseworker, psychologist, court officer, attorney, pastor, etc.) who will certify that the above circumstances are true.

By signing below, I the student and aid applicant, attest that all information provided is true and correct. I also understand that any deceit, fraud, or abuse in connection with my federal aid is punishable under federal law. If approved, I understand and agree the Financial Aid Office will make any necessary changes to my student aid file on my behalf.

Student's Signature: _____ Date: _____