## OFFICE OF FINANCIAL AID DEPENDENCY OVERRIDE REQUEST 2019-2020



STUDENT INFORMATION	
Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

## DEPARTMENT OF EDUCATION'S DEFINITION OF AN INDEPENDENT STUDENT

- Born before January 1, 1996.
- Married as of the date of the FAFSA application.
- Working on a degree beyond a bachelor's degree, such as a master's or doctorate.
- Active duty in Armed forces (for other than training purposes).
- Veteran of Armed Forces (must provide **DD214**).
- Have children that live with you and will receive more than ½ of your support from July 1, 2019 thru June 30, 2020.
- Dependents (other than children) that live with you and who will receive more than ½ of your support from July 1, 2019 thru June 30, 2020.

WARNING: According to the Department of Education, the following is not considered when evaluating dependency overrides:

- Not being claimed on your parent's tax returns.
- Not living with your parents.
- Financial independence.
- Conservatorship.
- Parent(s) refusal to give information.

## DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO NO PARENT CONTACT

Your application will NOT be processed until you have provided all necessary documentation.

Court appointed Guardianship documentation  $\underline{OR}$  two statements on letterhead with address and phone numbers from professionals (teacher, counselor, clergy, social worker etc...) that can verify non-parental contact with the student.

## DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO PREGNANCY

Your application will <u>NOT</u> be processed until you have provided all necessary documentation.

Documentation from physician confirming pregnancy and approximate due date, if a child will be born between July 1, 2019 and June 30, 2020.

DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO DEATH OF PARENT/PARENTS	
Your application will <u>NOT</u> be processed until you have provided all necessary documentation.	
A copy of death certificate(s) or a copy of an obituary which lists students as child of the deceased if death certificate(s) cannot be located. *If only one parent is deceased student must provide statement	
If applicable- A statement on letterhead with address and phone numbers from professionals (teacher, counselor, clergy, social worker etc) that can verify no contact between student and surviving parent.	

EXPLANATION OF CHANGES	
Provide a detailed statement of the mitigating circumstances that make you independent of your parents. If needed, attach a separate sheet.	
STUDENT SIGNATURE	
WARNING: In applying for a dependency override I understand:	
<ul> <li>Additional documentation may be requested.</li> <li>Requests may take up to 3-4 weeks to process.</li> </ul>	
<ul> <li>Requests may take up to 3-4 weeks to process.</li> <li>Incomplete requests will not be processed until all required documentation is received.</li> </ul>	
By signing this form, you agree to provide information that will verify the accuracy of your situation. If you purposely give false or misleading information, you will be referred to the Department of Education Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined \$20,000, sent to prison or both.	
Student Signature: Date:	

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