

Office of Financial Aid 13101 Jefferson Davis Highway Chester, VA 23831 Chester Campus (804) 706-5236 Midlothian Campus (804) 594-1550

2010-2011 Financial Aid Dependency Override Request

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined by using parent information in addition to your information. Dependent students are required by law to provide parental information and signature to be considered for financial aid.

If you meet at least one of the following criteria, you are considered an independent student:

- Born before January 1, 1987;
- Enrolled in a graduate or professional degree program (beyond a bachelor's degree) in 2010-2011;
- A veteran of the Armed Forces (or serving on active duty);
- Have children who receive more than half of their support from you;
- Have dependents (other than your children or spouse) who live with you and receive more than half of their support from you.
- At any time since age 13; both parents deceased, been in foster care or dependent or ward of the court.
- An emancipated minor as determined by a court in your state of legal residence;
- In legal guardianship as determined by a court in your state of legal residence;
- At any time after July 1, 2009 your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless – the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless - the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

Occasionally, due to unusual circumstances such as an abusive family environment, students may not be considered dependent. If you can document why you should be considered independent for an unusual circumstance, you may petition for a waiver of federal regulations requiring parental information. Your status as an independent student cannot be based solely on your parents' unwillingness to contribute to your educational expenses or if you demonstrate total selfsufficiency. Thorough documentation is required to explain and verify your situation.

Please note that submitting this request does not guarantee approval of the appeal and that there is no guarantee an approved appeal will result in more or different types of aid awarded to you. Dependency overrides are not automatically renewed each year; if your request is approved and you plan to attend school during a subsequent aid year, you must complete a request form for each new year.

Name			Soci	ial Security Number	er		
EMPLI	D		Pho	ne			
	• .	uestions and provid our name and EMPL	•		•	omissions will not be)
1. Did	you file a depende	ency override requ	est at John Tyler C	Community Colleg	e prior to the 20	010-2011 academic	year?
	Yes, my request was denied OR No, I have not filed a previous request. If you checked this box, go to question 2 and complete the remainder of this request form.						
		s box, provide a narra				to question 6 to read ne Tax Return to this c	

		sual circumstances you be elf and your educational e		sider in evaluating your request, t from your parents.
3. Full name and	address for each of yo	our parents.		
Name _ Address _		Name Address		
(Mother)		(Father)	
4. Are you (or have	ve you been) involved	in a case of abuse agains	t your parents? Yes	No
				r, and/or other court documents nship is maintained with your
5. Describe your if necessary.	ast contact with each	of your parents (when, wh	ere, and nature of th	e contact). Attach additional sheets
on agency letter	head (examples included). Copies of appropriate	de high school and profes	sional counselors, so	atement must be from a professiona cial workers, teachers, police and e the following information for the
Name		Phone number	Relationshi	p
Name		Phone number	Relationship	<u> </u>
certify that the infor correct. If I provide the Office of Financial Financial Aid to cor	mation provided on this f false or misleading inforr ial Aid reserves the right	orm is truthful and accurate. mation, I understand that I ma to request additional informa in item 5 (above) for addition	If I am asked, I agree to ay be fined \$10,000, se ation. I authorize the Jo	poses reviewed. By signing this form, I or give proof that my information is nt to prison, or both. I understand that hn Tyler Community College Office of ion. I will notify the John Tyler
Signature			Date	_

Complete and return this form and all supporting documentation to the Financial Aid Office.