

Financial Aid Office
1000 W. Austin
Nevada, Missouri 64772
Toll free: 1-888-526-8839
Fax: 1-417-448-1025



2015-16 Dependency Override Request

If you answer "no" to all of the questions in Step Three of the 2015-16 Free Application for Federal Student Aid (FAFSA), you are considered a dependent student, regardless of whether or not you live with your parents. 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.

Parents' refusal to complete the FAFSA or unwillingness to contribute to a student's education are not acceptable reasons for an appeal. If you believe there are extenuating circumstances you may complete this form and return it to the financial aid office.

In addition to this form, the following items are required:

- ✓ Letters from two individuals who can attest to your situation. Examples of these individuals include, but are not limited to: school counselors or teachers, ministers, law enforcement agents, medical professionals, social workers, employers, etc. Each letter must include the individual's name, address, and phone number and must be signed.

Student Name:

Address:

City/State/Zip:

Phone:

1. Who do you live with and how long have you lived there?

2. Biological Father's Name:

His Address:

City/State/Zip:

When was your last contact with him?

Biological Mother's Name:

Her Address:

City/State/Zip:

When was your last contact with her?

3. When did you last live with your parent(s) and when did you last receive financial support (cash, food, housing, or any payments made on your behalf) from your parent(s)?

4. Does a friend or relative pay any of your living expenses? If yes, please explain.

5. Complete the worksheets below showing your current monthly expenses and income.

Expenses	Monthly Amount
Housing	\$
Utilities	\$
Food	\$
Transportation	\$
Medical	\$
Personal	\$
Total	\$

Income	Monthly Amount
Wages	\$
Interest/Dividends	\$
Cash Support	\$
Other	\$
Total	\$

6. Please provide as much detail as possible describing your separation from your parents.

Student Certification:

I certify that all information provided is true and complete to the best of my knowledge and that I have not purposely given false or misleading information.

I understand the decision of the financial aid office is final and cannot be appealed to the Department of Education. I also understand this appeal is good only for the 2015-16 academic year and I must reapply each concurrent year.

I understand that my signature authorizes the Financial Aid Office to contact the individuals that provided reference letters.

Signature: _____

Date: _____

Note: Your appeal will be reviewed and when a determination of your status is made a letter will be sent to you. If your request is denied, you will be classified as a dependent student for financial aid.

Financial Aid Office Use Only

- Independent Status Approved
- Independent Status Denied

Remarks: _____

FAA Signature: _____

Date: _____