



QUINEBAUG VALLEY  
COMMUNITY COLLEGE

## DEPENDENCY OVERRIDE APPEAL FORM

For purposes pertaining to Financial Aid, there are two types of students: Dependent and Independent. To determine the dependency status of Financial Aid applicants, Quinebaug Valley Community College follows the guidelines standardized by the US Department of Education and indicates a student's dependency status based off their responses on Step Three of the FAFSA form.

However, Financial Aid Administrators are given the ability use Professional Judgment to override the criteria in extreme circumstances and classify normally dependent students as independent. Professional Judgment must be justified and supported by adequate documentation at the discretion of the Financial Aid Administrator.

If, after answering the questions on Step Three of the FAFSA you are classified as a dependent student but believe that you should be considered independent, you have the right to appeal.

**However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:**

- 1. Parents/Step-Parents refuse to contribute to the student's education;**
- 2. Parents/Step-Parents are unwilling to provide information on the FAFSA or for verification;**
- 3. Parents/Step-Parents do not claim the student as a dependent for income tax purposes;**
- 4. Student demonstrates total self-sufficiency.**

To qualify, a situation must exist in your family that makes it unreasonable or impossible for you to obtain your parent's income and asset information. Examples of such situations include **abandonment, parental drug abuse, parental mental incapacity, physical or emotional abuse, parental incarceration, parental estrangement.**

### DOCUMENTATION REQUIRED:

**\*\*Please note that typed signatures will not be accepted for any requested documentation\*\***

1. A signed personal statement in which you explain the situation that exists in your family. The statement should be detailed and specific, as the more information provided, the better your chances of having your appeal approved.
2. Signed statement(s) from 3<sup>rd</sup> party who is aware of your situation. You may either provide one statement from a professional source or community member (i.e. teacher, therapist, law enforcement official, clergy member) or two statements from family/friends over the age of 18 who are aware of your situation. Statements must either be written on official letterhead or notarized. A notary is available on site by appointment at QVCC.
3. A completed Dependency Override Appeal Form (second page)
4. Any additional documentation that you feel are necessary to support your case (i.e. death certificate, court records)



### DEPENDENCY OVERRIDE APPEAL FORM CONTD.

Please answer all questions below to the best of your ability and return this form with all supporting documentation to the Financial Aid Office in person, through your self-service portal, or through your school issues email in an encrypted message.

1. **When is the last time you had contact with your mother?** \_\_\_\_\_

Please describe the nature of your most recent interaction below:

2. **When is the last time you had contact with your father?** \_\_\_\_\_

Please describe the nature of your most recent interaction below:

3. **Are you currently employed? YES NO**

If yes, please list your current employer and start date for your employment below:

If no, please list your main source of income below:

4. **Do you own a vehicle? YES NO**

If yes, please answer the questions below:

Insurance company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

5. **Do you rent/own an apartment/home? YES NO**

If yes, please answer the questions below:

Name(s) on lease or mortgage: \_\_\_\_\_

Monthly amount due for lease or mortgage: \_\_\_\_\_

If no, please describe your current living situation below:

I certify that all information provided both on this form and including personal statements and documentation is true to the best of my knowledge and belief. I further understand that if I am found to have intentionally provided any false or misleading information or documentation that my appeal will be denied and that this could adversely affect my eligibility for Financial Aid in the future.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_