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DSU Financial Aid & Scholarships
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St. George, UT 84770
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Dependency Override Appeal 2018-2019

Students Name: _____ Date: _____

Dixie ID: _____ Phone Number: _____

Local Address: _____

*This form is for dependent students who **do not** meet the federal criteria for "Independent" status as outlined on the 2018-2019 Free Application for Federal Student Aid (FAFSA) but who want their unique circumstances reviewed in order to POSSIBLY be considered an "Independent Student" for financial aid purposes. Students who are estranged from their parents due to **extenuating or unusual circumstances** (i.e. abuse, family alcoholism, family drug abuse, abandonment, etc.) and which can be documented by an objective third party (i.e. high school or college counselor, social services or state agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.) may qualify.*

ATTENTION: If you fall under one of the categories listed below, **DO NOT COMPLETE THIS FORM.**

Submit the appropriate form as outlined below and all requested documentation related to the form.

- ▶ **Orphan/Ward of the Court/Foster Care:** Complete the Confirmation of Independent Status Form
- ▶ **Emancipated Minor/Legal Guardianship:** Complete the Confirmation of Independent Status Form
- ▶ **Homeless or Unaccompanied Minor:** Complete the Confirmation of Independent Status Form

The following circumstances are not considered viable reasons for independency status:

- 1) You do not reside with your parents
- 2) Your parents refuse to pay for your college education
- 3) Your parents do not claim you on their income tax return
- 4) Your parents are not financially able to pay for your college education
- 5) You do not want your parents' assistance to pay for college

Please provide the following documentation when submitting this appeal form.

Personal Statement

Attach a letter explaining/describing your situation. You must describe your current relationship (even if it is non-existent) with your father and mother. **Your letter must be notarized** if you sign it outside the presences of DSU Financial Aid Officer. Address the following items:

- Do you live with someone other than your parents, and does that person financially support you?
- Describe the nature of your relationship with your parent(s). If you are estranged from your parent(s), please provide a detailed account of the circumstances.
- Provide the date and place of your last contact with your parent(s).
- Do you support yourself? If yes, what year did you begin supporting yourself?
- If your parent(s) are unwilling or unable to provide financial information to complete the Free Application for Federal Student Aid (FAFSA), please explain.

Supporting Documentation

Verifying and substantiating the reasons for your independent status request. This may include, but is not limited to:

- Documentation confirming that a parent is deceased, institutionalized, or incarcerated.
- Documentation confirming that there is a protection/restraining order that prohibits you from having contact with your parent(s) or your parent(s) from contacting you.
- Other legal documentation that would explain why parent information should or could not be obtained to determine financial aid eligibility.
- Two detailed letters verifying the reasons for your independent status request. These letters should come from responsible adults (as outlined above) whom are able to verify the family circumstances you described in your personal statement. If the letters are from an outside office/agency they must be on official letterhead.
- **Any letters written by an individual which are not on letterhead must be notarized.**

2016 Federal Tax Transcript

- Submit a copy of your 2016 Federal Tax Transcript. If you did not file taxes in 2016, you must submit copies of all your 2016 W-2 forms and a verification of non-filing document from the IRS (you will need to submit IRS form 4506-T to the IRS in order to receive this document).
- If you do not have income from work please include all applicable 2016 income information and/or source(s) of your financial support in 2016.

By signing this form, you certify that all the information reported and submitted for this appeal is complete, accurate and correct. **WARNING: If you purposely give false or misleading information for this appeal, you will be reported the U.S. Office of Inspector General-Department of Education, receive a fine, be sentenced to jail, or both and possibly lose future federal aid eligibility.**

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form.

We will not accept pictures of forms. We only accept scanned or original forms for documentation. All forms can be mailed, faxed or emailed to us.

Student Signature

D-mail account