# VENITA ET VIRTUS

### Benedict College Office of Student Financial Aid & Scholarships

#### DEPENDENCY OVERRIDE INFORMATION SHEET

#### Who may apply for a Dependency Override?

Many students feel that they are independent because they currently live on their own or because their parents no longer claim them on their federal income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot financially afford to help with their college expenses. These reasons are not sufficient for an override. The office of Student Financial Aid is required to consider parent information and expect a parent contribution for students who do not qualify as independent according to the FAFSA definition. The law does allow limited discretion on the part of the institution to make a "professional judgment" as to the dependency status of a student. Extreme circumstances may be considered on an individual, yearly basis.

If the student feels that he/she has true, unusual and verifiable circumstances that warrant a reevaluation of the dependency status, a professional judgment process has been established to review these individual cases.

#### INSTRUCTIONS

To apply for a Dependency Override you must:

- (1) Complete the FAFSA online at www.fafsa.ed.gov
- (2) Complete the entire Dependency Override Questionnaire (DOQ) and two adult references that will provide a letter explaining their understanding of your situations. The first letter can be from a family member. The second letter should be from a third party.
- (3) Attach the required documentation and submit to the Office of Student Financial Aid

## EXAMPLES OF THIRD PARTIES LETTER (Letters need to be on letterhead)

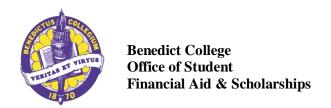
- (1) Counselors or Teachers
- (2) Clergy
- (3) Community Groups
- (4) Government Agencies
- (5) Medical Personnel
- (6) Courts
- (7) Prison administrators) etc...

The Office of Student Financial Aid will review your application and supporting documentation and you will be notified in the writing of the decision. Transfer students must reapply for a dependency override at Benedict College.

#### REQUIRED DOCUMENTATION

Types of required acceptable documentation to warrant a Dependency Override include but are not limited to:

- (1) Divorce Decree
- (2) Court Order(s)
- (3) Affidavit Of Guardianship
- (4) Birth Certificate(s), Death Certificate(s)
- (5) Letter(s) from social service agency, detention center, school guidance counselors, minister, funeral director, or homeless shelters.



#### **Dependency Override Questionnaire**

The following information is taken directly from the <u>Application and Verification Guide</u>, a publication of the U.S. Department of Education. The publication can be found at <a href="http://www.ifap.ed.gov/sfahandbook/attachments/0304AVGCH2Ver.pd">http://www.ifap.ed.gov/sfahandbook/attachments/0304AVGCH2Ver.pd</a>. The information is on the page listed as AVG 28. The guidelines and procedures described in the information are used by Benedict College in making all decisions for dependent students who request financial aid consideration as an independent student.

The Higher Education Act allows an administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. If the administrator judges that an override is appropriate, he/she must document the unusual circumstances. However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override.

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

Unusual circumstances do include an abusive family environment or abandonment by parents and may cause any of the above conditions. In such cases a dependency override might be warranted.

Requests for independent status for financial aid purposes will be considered only on the basis of abuse or abandonment as described by federal guidelines. Conditions of "abandonment" may include (1) the whereabouts of parents are unknown; and (2) there has been no contact with parents for a significant length of time. All information provided by you as requested below is confidential and will be used by Benedict College financial aid staff only in determining the merit of your request. If approved, you may be required to provide additional documentation related to your financial status.

| Name:  | Social Security No   |                                      |
|--|--|--------------------------------------|
| Street Address   |  |                                      |
| City, State, Zip   |  |                                      |
| Phone ( )  | E-mail (optional)  |                                      |
| additional pages if needed. Also, father. You must provide the nan | hich meets federal requirements of abuse or abando<br>fully explain the relationship between you and your natures, addresses, and phone numbers of two adults who can<br>be two adults, which explain their understanding of your site | ural mother and<br>in attest to your |
|  |  |                                      |
|  |  |                                      |
|  |  |                                      |

| Address  City, State, Zip  Phone  Relationship to Student  My signature below indicates that the information provided is true and correct to the best of my knowledge. I also give permission for financial aid personnel to contact these two persons regarding any of the information provided.  Signature  Date  Notice: Submission of this form does not guarantee approval of your request.  OFFICE USE ONLY  Override: Approved  Denied           |                                 |                              |
|---|---------------------------------|------------------------------|
| Mame Name Address Address City, State, Zip Phone Relationship to Student My signature below indicates that the information provided is true and correct to the best of my knowledge. I also give permission for financial aid personnel to contact these two persons regarding any of the information provided.  Signature Date Notice: Submission of this form does not guarantee approval of your request.  OFFICE USE ONLY Override: Approved Denied |                                 |                              |
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|   | OFFICE USE ONLY                 |                              |
| By: , Financial Aid Office Date:  | Override: Approved Den          | ied                          |
| · ·   | Ву:                             | , Financial Aid Office Date: |