



## 2018-2019

### DEPENDENCY OVERRIDE APPEAL REQUEST

Federal Financial Aid regulations indicate that an individual who does not automatically qualify as an independent student for FAFSA purposes may be reclassified as independent if a financial aid administrator makes a documented determination of independence by reason of unusual circumstances. This determination is commonly referred to as a Dependency Override.

The U.S. Department of Education (DOE) has provided guidance to assist financial aid administrators in making consistent and reasonable Dependency Override decisions.

In accordance with DOE guidance, Missouri Western adheres to the policy that a dependency override cannot be approved for an otherwise dependent FAFSA applicant if one or more following conditions are the ONLY circumstances cited by the applicant:

- the student simply states that he/she is financially self-sufficient or does not live with parent(s);
- a parent isn't willing to contribute financially toward the student's educational and living expenses, or simply elects not to assist the student financially;
- a parent isn't willing to provide the data required on the FAFSA or to assist in completing the verification process; or
- the student is not claimed by a parent as a federal income tax exemption.

A Dependency Override generally may be considered for an otherwise dependent FAFSA applicant if one or more of the following conditions are cited by the applicant in his/her written appeal and supported by additional documentation:

- an abusive (emotionally or physically), unhealthy, or unsafe family environment;
- abandonment of the student by the parent(s);
- incarceration of the custodial parent(s);
- removal or relocation of the student from the parent(s)' residence by court order; and/or
- other unusual or extraordinary circumstances, events, or incidents, particularly those related to any of the conditions for independence.

Dependency Override determinations are always made by the Financial Aid Office on an individual, case-by-case basis and are not approved solely on the basis of a prior determination.

#### Dependency Override appeal information should be submitted to:

Missouri Western State University  
Office of Financial Aid, Eder Hall, Room 103  
4525 Downs Drive, St. Joseph, Mo 64507  
Fax: (816) 271-5879

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Student Name	G
	ID Number
Street Address	
City, State, ZIP	Phone Number

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**Your Dependency Override letter of appeal should provide convincing justification that you are truly independent based on at least one of the conditions listed on page 1.**

**Your letter of appeal should also include an explanation of the following:**

- your current circumstances and reason for appeal;
- your current living arrangements, particularly how often (summers, weekends, etc.) you reside with your parent(s);
- your personal relationship with your parent(s) - how often you visit them, contact them, etc;
- what kind and amount of financial support your parent(s) provide to you (money, food and housing, payment of bills, purchase of a vehicle, insurance payments, medical insurance, etc.); and
- what kind and amount of financial support you receive from other family members, friends, or relatives.

**In addition, you should provide:**

- letters of support from **at least two** other adults (only one of which may be a family member or relative) who are familiar with the situation and can confirm the validity of the appeal. *Examples of such individuals include, but are not limited to, a high school guidance counselor, religious leader, Family Services officer, guardian, court representative, social worker, etc.;*
- a complete Verification Worksheet (Form 1);
- your 2016 Federal Tax Return Transcript or a Statement of Non-Filing Status (Forms 1a and 1c); and
- your 2016 W2 forms from all employers.

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**By signing this form, you certify that all information submitted is accurate and complete to the best of your knowledge. You also certify that you understand the Financial Aid Office has the authority to verify information reported in your appeal with outside entities, the U.S. Department of Education or other federal agency.**

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Student Signature	Date
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For Office Use Only:	Appeal Approved <input type="checkbox"/>	Appeal Denied <input type="checkbox"/>
Basis for Decision:		
_____	_____	
Financial Aid Administrator Signature	Date	