The Department of Education determines a student’s status as dependent or independent by the answers the student provides on the seven questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parent(s) or spouse, if applicable) are considered the primary source of support for postsecondary education.

Self-sufficiency of the student or parental unwillingness to financially contribute to a student’s education is not sufficient reasons for determining a student’s status as independent. There are however, situations where a student may have unusual circumstances in which s/he should be considered independent. A justifiable reason to excuse the parents from their financial responsibility must exist.

The following information covers the procedure that is applied to determine a student’s eligibility for a “Dependency Override”. A Financial Aid Administrator will review the student’s appeal by examining the supporting documentation provided by the student, and based on their professional judgment, will either approve or deny the student’s request. The student will be notified in writing of the decision.

**PLEASE NOTE:** The Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.

**SECTION I: CIRCUMSTANCES GIVEN CONSIDERATION**

A. A student’s voluntary or involuntary removal from their parents’ home due to an extreme situation that threatened the student’s health and/or safety and due to these conditions, parent support was terminated.

B. Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).

C. Other extenuating circumstances that can be sufficiently documented.

**SECTION II: REVIEW PROCEDURES**

A. All submitted documentation will be reviewed by the Financial Aid Administrator to determine if the student will be granted a dependency override.

B. An official notification of the Administrator’s decision will be sent to the student along with an explanation of any further actions necessary to complete his/her application for aid.

C. If the student has already completed a FAFSA for the year, the Financial Aid Administrator will make any necessary corrections electronically to the original ISIR.

D. If the student has not yet filed a FAFSA for the year, the completed paper FAFSA should be submitted to the Office of Financial Aid at the campus the student will attend. The determination will be decided once all documents have been reviewed by the Financial Aid Administrator at the Highlands Campus. The student will receive an email of the decision.

E. All documentation will be maintained in the student file.

**SECTION III: RENEWAL OF A DEPENDENCY OVERRIDE FOR FUTURE YEARS**

A dependency override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override in the previous academic year must reapply each concurrent year. The Financial Aid Administrator will request documentation from the student regarding their current status. If the student is re-approved for the Dependency Override, the Financial Aid Administrator will need to make necessary changes as listed in Section II, C and D.

**NOTE:** To be considered for a “Dependency Override”, you must complete the back of this form and provide the documentation listed in item #3 to the Office of Financial Aid.

**STUDENT INFORMATION AND CERTIFICATION**

(Please print clearly. Do not leave any item blank.)
Name: ____________________________ ID#: __________________________

1. Did anyone claim you on their 2014 Federal Income Tax Return?
   ☐ No
   ☐ Yes — Person’s Name: ____________________________ Relationship to you: __________________________

2. Did anyone claim you on their 2013 Federal Income Tax Return?
   ☐ No
   ☐ Yes — Person’s Name: ____________________________ Relationship to you: __________________________

3. Have you previously been approved for a Dependency Override at SFSC? (check one)
   ☐ No — You must provide the documents required under letters A, B, C, D, E and F.
   ☐ Yes — You must provide the documents required under letters A, C, D, E and F.

A. A personal letter of appeal explaining the reason for your request for a dependency override. The letter should be one to two pages and provide as much detail as possible describing your separation from your parents. You are required to include the following information:
   ➢ The whereabouts of your biological father and biological mother including their current living arrangements. Include the last contact you had with each biological parent and the frequency of contact with each biological parent over the past five (5) years.
   ➢ Why you cannot provide parental financial information on the 2015-2016 FAFSA.
   ➢ Your living arrangements over the past five (5) years. With whom have you resided? Who has provided support to you over the past five (5) years?
   ➢ Your name, your student ID number, and your signature.

B. Notarized Letters from two individuals who can attest to your situation. Their letters should be one to two pages and provide as much detail as possible describing what they know of your separation from your parents.
   ➢ The first letter should be from a professional individual (counselor, social worker, clergy, police, etc.)
   ➢ The second letter can be from either a professional or nonprofessional individual. (Friend, family member)
   ➢ Each letter must include the individual’s name, title or position, address and must be signed.
   ➢ The individuals cannot be related to each other AND must reside at separate addresses.

C. Complete a 2015-2016 FAFSA online (www.fafsa.gov) — leave the parent section blank.

D. A completed and signed 2015-2016 Authorization/Certification Form.

E. A copy of the student’s 2014 Tax Return Transcript, or W2’s if not required to file.

F. A completed and signed 2015-2016 Verification Form. — Complete front and back page.

I CERTIFY THAT THE INFORMATION LISTED ON THE FORM AND ALL SUPPORTING DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE IS CORRECT AND COMPLETE.

Student Signature ____________________________ Date __________/________/________

Submit this form and all supporting documents to the Financial Aid Office at either of the SFSC Campuses for the 2015-2016 Academic Year.

HIGHLANDS CAMPUS
600 West College Drive
Avon Park, FL 33825
(863) 784-7254

DESOТО CAMPUS
2251 N. E. Turner Avenue
Arcadia, FL 34266
(863) 993-1757

HARDEE CAMPUS
2968 US 17, North
Bowling Green, FL 33834
(863) 773-3081

LAKE PLACID CENTER
500 E. Interlake Blvd.
500 E. Interlake Blvd.
(863) 465-3003

Comments: Date ____________________________

☐ Approved ☐ Denied

Entered Override: ☐ On-Line FAFSA ☐ SAR ☐ on FAFSA/Renewal FAFSA ☐ in Banner

Director’s Signature ____________________________

Please submit all documents to:
South Florida State College
Financial Aid Office, Bldg. B-168
600 W College Drive, Avon Park FL 33825

Revised 4/17/2015