



Financial Assistance Dependency Override Appeal

Student Name: _____

Falcon ID: W _____

The Department of Education does allow Financial Aid Administrators to use professional judgment if a situation exists where extenuating circumstances prevent a student from being able to provide the necessary parental information. The following situations **will not** qualify for dependency override consideration:

- My parents are not helping me pay for my education.
- I moved out of my parent’s house after I graduated from high school.
- My parents and I don’t get along.
- My parents live in another state.
- My step-mother/step-father is not providing support
- My parents got mad at me and kicked me out of the house.

Please provide the following documentation if you believe that your situation should be considered for an override.

➤ **A typed, signed statement from you.**

This statement is an explanation in full detail of your circumstance that you believe is why you should be considered independent. It must include your current living situation and how you are supporting yourself.

➤ **A letter (on official letterhead) from a professional.**

Enclose a letter from a minister, a social worker, a psychologist, a high school counselor, a teacher, a doctor, or another counseling professional. The letter should state relationship to you and his/her understanding of the situation.

➤ **A letter from a third party.**

A third party includes a relative or a person that knows of the situation in detail. The letter should explain why you should be considered independent, giving dates and descriptions of any incidents. The letter should also include how much support, if any, your parents have provided in the previous two years.

➤ **Any other supporting documentation.**

If you have any additional documentation that describes your situation such as police reports, court documents, or physician statements, include them with this appeal.

The Financial Assistance office will review your appeal on the documentation submitted and notify you of the results by mail. **Appeals submitted without documentation will not be approved.**

I certify that all information provided in this dependency appeal request is true and correct to the best of my knowledge. I am aware that any attempt to fraudulently receive federal or state assistance is punishable by fines, imprisonment, or both.

Student Signature: _____

Date: _____

Submit this form and all supporting documents to the UWRF Financial Assistance office.
315 North Hall ◻ 410 S. Third Street ◻ River Falls, WI 54022 ◻ (715) 425-3141