



OFFICE OF FINANCIAL AID

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2015-2016 DEPENDENCY OVERRIDE APPEAL

The Financial Aid Office is required by federal law (Public Law 102-325, Sec 408(d)) to consider parent information and expect a parent contribution for the student unless the student can answer yes to one of the dependency questions on the FAFSA. If you cannot answer yes to one of the questions and you have special circumstances, please complete this form. We may be able to approve a dependency override for you. **Examples of special circumstances are: your parent is in prison, your custodial parent has died and you have no contact with the other birth parent, there is a documented domestic dispute between you and both parents, or you are under 24 and divorced with no dependents.**

We respect your right to keep your personal circumstances private, but we cannot approve appeals without complete and well-documented explanations of unusual circumstances. All information will be kept strictly confidential. We will not notify your parents or share any information with them without your written approval. Federal student privacy laws (FERPA) ensure that your information will be kept private.

Student's Last Name	Student's First Name	Student's SSN	Student's FCC ID#

Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Phone: _____

Personal Email: _____ (NOTE: After registering for your first semester, all correspondence will be sent to your FCC email account.)

Biological/Adoptive Father's Name & Address: _____

Biological/Adoptive Name & Mother's Address: _____

Who owns the property where you live? _____

What is their relationship to you? _____

Who claimed you on their 2014 Federal Income Tax Return? _____

If someone other than yourself or biological/adoptive parent, what is their relationship to you?

Did you receive payments from welfare programs, social security, or disability in 2014? _____

If yes, benefit type(s), total amounts and number of months received: _____



In order for the Financial Aid Office to consider you an independent student for financial aid purposes, you must complete this form and provide the following documentation:

1. A personal letter (typed or legibly written) explaining your special circumstances for consideration of independent status and your educational plans. Please include the following information in your letter:

- How often you've had contact with your biological/adoptive parents in the last five years.
- When you last lived with either of your biological/adoptive parents and when they last provided you with any type of financial support.
- The reason you cannot provide parental financial information on the 2015-2016 Free Application for Federal Student Aid (FAFSA).
- Your living arrangement(s) over the past five years. With whom did you reside, where and for what dates? Who provided financial support to you during the past year?
- Your name, FCC ID number, and signature.

2. A completed and signed 2015-2016 Free Application for Federal Student Aid (FAFSA).

- Submit your 2015-2016 FAFSA online at www.fafsa.gov. You may leave the parent section blank.
- Enter the date you submitted your 2015-2016 FAFSA: _____
- You will need to provide 2014 federal income tax information either by completing the IRS Data Retrieval Tool (instructions presented at www.fafsa.gov) or by submitting a 2014 IRS Tax Transcript with this form. If you were not required to file a 2014 Federal Income Tax Return, you need to submit a statement of non-filing and your 2014 W2 transcript with this form.

3. A completed and signed 2015-2016 Independent Verification Worksheet (if not enclosed, obtain at our office or print from: [http://www.frederick.edu/cost-financial-aid/financial-aid/financial-aid-forms-\(1\).aspx](http://www.frederick.edu/cost-financial-aid/financial-aid/financial-aid-forms-(1).aspx)).

STUDENT'S MONTHLY EXPENSES	2014 Expenses	Expense paid by (name of person & relationship to you)
1. Housing (rent, mortgage) & insurance/taxes	\$	
2. Utilities (electric, gas, oil, water, landline phone)	\$	
3. Cable/Internet	\$	
4. Food/Personal Care Items	\$	
5. Automobile/motorcycle payment	\$	
6. Health and Car Insurance	\$	
7. Credit Cards and Loan Debt	\$	
8. Cell Phone	\$	
9. Child Care (for your children, if applicable)	\$	
10. Clothing	\$	
11. Other miscellaneous expenses	\$	
TOTAL MONTHLY EXPENSES/SUPPORT	\$	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
If any expenses were for less than 12 months or not in your name, explain in your attached letter.		

Certification Statement:

I understand that (1) if I purposely give false or misleading information on this form or in my supporting documentation, I will be committing a federal crime and could be fined up to \$20,000, sent to prison, or both, (2) if my situation changes and I regain contact with my parent(s) or begin receiving financial support from them, I must immediately report this information to the FCC Financial Aid Office, and (3) that by signing this form, I am authorizing the FCC Financial Aid Office to verify my third party information.

Student Signature: _____ **FCC ID#** _____ Date: _____

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.

Additional documentation that must be included with this appeal (if you cannot provide, explain why in your letter):

- Copies of your last three paychecks from all jobs to show your current income
- Copy of your current mortgage/lease agreement or a statement from your landlord stating how long you have lived at the residence and how much you pay per month
- Copy of your car title or registration card
- Copy of your most recent car insurance bill
- Copy of your most recent health insurance bill

If you are requesting a dependency override because of a special family situation, also include:

- Statement from a professional person (counselor, minister, social worker, physician) familiar with the situation. The letter must be signed and on official letterhead. In addition, you may also provide police reports to verify your situation.

If you are requesting a dependency override because you have no contact with either biological/adoptive parent or the parent(s) are out of the country and not reachable due to special circumstances, are hospitalized, or in prison, also include one of the following:

- Statement from a professional person (counselor, minister, social worker, physician) familiar with the situation. The letter must be signed and on official letterhead.
- Copy of prison or hospitalization record.
- Copy of any court records that support your lack of contact with biological/adoptive parents.

If you are requesting a dependency override because you are under the age of 24, divorced, and without dependents, also include:

- A copy of your divorce decree.