

## DEPENDENCY OVERRIDE APPLICATION

SPCDEP

STUDENT ID: _____		TERM: _____	
LAST NAME _____		FIRST _____	
STREET ADDRESS _____		CITY _____	STATE _____
		ZIP CODE _____	
(____) _____ HOME PHONE	WORK (____) _____	(____) _____ CELL/MESSAGE PHONE	

The federal mandated formula used to determine your financial need is based on the premise that your family has the primary responsibility to pay for your education. The federal government has specific standards to determine who has INDEPENDENT STATUS and is not required to provide parental information when applying for financial aid. **IF YOU DO NOT MEET ANY OF THE CONDITIONS FOR INDEPENDENT STATUS OUTLINED ON THE FAFSA WEBSITE**, you may appeal your status if you believe you have an extenuating circumstances. Exceptions to the federal independent definition are made on a CASE-BY-CASE basis. If you were considered independent for financial aid purposes at a previous school, **you do not automatically qualify** for independent status at POLK STATE COLLEGE. Please follow the petition procedures outlined in the following section.

**CIRCUMSTANCES THAT DO NOT WARRANT A DEPENDENCY OVERRIDE ARE AS FOLLOVED:**

- Parents refuse to contribute to educational costs
- Parents are unwilling to provide information on the FAFSA or for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Parental income is too high to qualify for aid

If you feel that you have extenuating circumstances that would allow you to receive financial aid as an independent student, please submit the following information to the Office of Student Financial Services:

1. A personally written (legible) or typed and signed statement describing your extenuating circumstance.
2. Official documentation supporting the extenuating circumstance you described in your statement (if submitted by a third party, this documentation must be notarized).  
Examples of adequate documentation: court documents, signed statements on official letterhead from a high school counselor, case worker, clergy member, or other professional(s) who can confirm that your situation warrants independent status consideration.
3. A completed current year independent verification worksheet with your tax transcripts
4. Any additional supporting documentation proving your situation.

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I understand that if I do not provide any/ sufficient supporting documentation, no further action will be taken on this request by POLK STATE COLLEGE. The Office of Student Financial Services complies with federal guidelines. The office reserves the right to deny Dependency Overrides based on these guidelines.

If it is discovered that I willingly provided false or misleading information on this form, the office will remove the funds disbursed to me which will result in a bill that I will owe the college, and I may be federally reported.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Student Financial Services  
 999 Avenue H, N.E.  
 Winter Haven, FL 33881-4299  
 Phone: 863-297-1004  
 Fax: 863-298-6850; Email: [financialaid@polk.edu](mailto:financialaid@polk.edu)