

DEPENDENCY OVERRIDE APPLICATION

SPCDEP

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|----------------------------|----------------------|------------------------------------|----------------------------|
| 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 APPLICATION**, you may appeal your status if you believe you have 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 an independent status at POLK STATE COLLEGE. Please follow petition procedures outlined in the following section.

CIRCUMSTANCES THAT DO NOT WARRANT A DEPENDENCY OVERRIDE ARE AS FOLLOWED:

- Parent(s) refusal to contribute to educational costs
- Parent(s) unwillingness to provide information on the FAFSA or for verification purposes
- Parent(s) do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Parent(s) 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 supporting documentation supporting the extenuating circumstance you described in your statement.
 - (a) 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 verification worksheet and your 2015 tax transcripts
4. A completed current year verification worksheet 1 (please check independent) and your 2015 tax return transcripts.

Certification: I certify 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 if I do not provide any/ sufficient supporting documentation, no further action will be taken on this request by POLK STATE COLLEGE. The Student financial Services office 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