

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 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 petition procedures outlined in the following section.

CIRCUMSTANCES THAT DO NOT WARRANT A DEPENDENCY OVERRIDE

- Parents refuse to contribute to education costs
- Parents unwilling to provide information on FAFSA or for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Parents income 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 personal written or typed and signed statement describing your extenuating circumstances
2. Official supporting documentation or notarized third party documentation supporting the extenuating circumstances you described
 - (a) Examples of adequate documentation: notarized statements from family members who can attest to your extenuating circumstances; court documents; or 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. Completed current year independent verification worksheet and tax transcripts
4. Any additional supporting documentation

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 realize that if I do not provide supporting documentation, no further action will be taken on this request by POLK STATE COLLEGE.

Student Signature: _____ Date: _____

Office of Student Financial Services
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