**Financial Aid Petition for Dependency Override**

**2022-2023**

First Name: Last Name: S#: Phone #:

Street Address: City: State: Zip:

Most unmarried undergraduate students under the age of 24 are considered **dependent** for federal financial aid purposes. If, however, after answering questions in Step 3 on the FAFSA, you are classified as a dependent student and unusual circumstances have caused you to become independent, you may request a **dependency override**.

**Please note the following:**

* **A student’s reluctance to request the income information from the parents is not justification for granting an override.**
* **The unwillingness of the parents to pay or provide information is not a valid reason for granting an override.**
* **In all cases, independence must have occurred out of necessity rather than choice.**
* **Examples of situations where petitions may be approved are; documented abandonment, parental drug abuse, parental mental incapacity, physical or emotional abuse, parental incarceration or severe estrangement.**
* **Federal funds are not awarded to help students establish their independence.**
* **A successful petition for a dependency override depends on the specific information and documentation you are able to provide. Please be as complete as possible.**

Instructions**:**

1. Write and submit a personal letter stating your extenuating circumstances, what has caused you to become independent from your parents, when you became independent, and how you have provided for your own basic necessities (shelter, food, clothing, transportation, medical care). Attach appropriate documentation.

2. Submit at least one (1) letter from a third party who personally has knowledge of your situation and who can verify your circumstances preferably on letterhead from a guidance counselor, physician, social worker, clergy person, or another individual who has been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow up questions.

**All information provided in my Petition for Dependency Override is correct and true. I understand that the decision made on the basis of this petition only affects my application for aid at Pueblo Community College.**

Signature: Date:

Request approved/denied by: Date: