

Student Financial Services  
1825 N Bluemound Dr  
PO Box 2277  
Appleton, WI 54912-2277

Email: [financialaid@fvtc.edu](mailto:financialaid@fvtc.edu)  
Phone: 920-735-5650  
Fax: 920-735-5763  
Website: [www.fvtc.edu/financialaid](http://www.fvtc.edu/financialaid)

Dependency overrides focus on truly exceptional circumstances. Consideration is given on a case-by-case basis. In extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid.

**NOTE:** We cannot approve requests for students whose sole reason for the request is because their parents are unwilling to provide parental information, or for students who have chosen to live on their own.

Name: \_\_\_\_\_ FVTC Student ID # \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## STEP 1: Reason for appeal

### Check all that apply:

- Your voluntary or involuntary removal from your parents' home due to an abusive family environment (examples: sexual, physical, or mental abuse, substance abuse, or other forms of domestic violence).
- Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
- Your custodial parent passed away. Submit a copy of their obituary, or funeral program.
- Other extenuating circumstances that can be sufficiently documented. Please describe:  
\_\_\_\_\_

## STEP 2: Submit a typed, signed written personal statement

Attach a typed, signed statement that explains in detail the extreme, unique and/or unusual family circumstances that prevent you from obtaining and providing your parents' information for your financial aid application. Include:

- A history of events with dates
- Explain how these events led to the eventual deterioration/dysfunction in the parent/child relationship between you and your parent(s)
- Describe your current relationship (even if non-existent) with your parent(s)

If applicable, include a statement to confirm your circumstances from a friend, relative, neighbor or anyone with knowledge of your family situation. This statement must include their signature, their current phone number and how they know you.

## STEP 3: Third Party Professional Statement

Attach a signed statement on letterhead from a third party professional who is knowledgeable of your family situation and can verify the reason you are unable to provide your parent's information. This third party should be someone unrelated to you and should be on letterhead. Appropriate third-party statements are from clergy, school counselors, teachers, social workers, or similar professions.

**The third-party letter must include:** How long the third-party has known you, the third-party's relationship to you, when was the last time you lived with and/or received financial support from your parents, and any knowledge of your relationships with your parents.

**STEP 4: Complete the following. Do not leave any questions blank. If you don't know or it does not apply, indicate that on the lines provided.**

Your Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

What are your present living arrangements (With whom do you live and since what date)?  
\_\_\_\_\_

Medical insurance:  Under parent(s)  I have my own  None

Car insurance:  Under parent(s)  I have my own  None

Are the utilities (i.e. gas, electric, cable) in your name?  Yes  No, explanation: \_\_\_\_\_

Do you own your own vehicle?

Yes (attach a copy of your title, registration, or loan documents)

No, explain your means of transportation: \_\_\_\_\_

How do you support yourself and pay your living expenses? (Attach 2021 taxes if you filed and W-2s for all employers. Also attach documentation of all current year income to date): \_\_\_\_\_  
\_\_\_\_\_

Cash support from people other than the student's parent(s) should be included as unreported income (includes amounts paid by others for bills in the student's name).

Monthly amount of cash support: \$ \_\_\_\_\_

Do you receive any in-kind support? In-kind support is support other than money (i.e. friends or relatives providing you food or allowing you to live with them rent free).

Explanation of in-kind support: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

When did you last live with your parent(s)? \_\_\_\_\_

When did your parent(s) last provide you any monetary support? \_\_\_\_\_

When did you last have contact with your parent(s)? \_\_\_\_\_

How often do you have contact with your parent(s)? \_\_\_\_\_

**STEP 5 on Next Page**

**STEP 5: Review & Sign:**

**Please note:**

- **If your appeal is incomplete or submitted without the necessary documentation, processing of your appeal will be delayed until the additional information is obtained.**
- **Submission of an appeal does not guarantee your request will be approved.**
- **You will be notified by email regarding the outcome of your dependency override request.**
  - A. **If your appeal is accepted, the override will be submitted to the Department of Education, and you will receive a Student Aid Report (SAR) reflecting your independent status. An award letter will then be processed and mailed to you.**
  - B. **If your appeal is not accepted, we will notify you via email.**
- **Please allow up to 15 business days for processing.**

**STUDENT CERTIFICATION:**

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a fine, imprisonment, or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office. I understand that by signing this form, I authorize the Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

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

**ELECTRONIC SIGNATURES NOT ACCEPTED**

Office use only: Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_