

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information (in addition to your information). Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

**There are four conditions that, individually or in combination with one another, do not qualify as “unusual circumstances” and/or do not merit a dependency override. These circumstances are:**

1. Parents refusing to contribute to the student’s education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the student as a dependent for income tax purposes;
4. Student demonstrating total self-sufficiency.

Occasionally, due to unusual circumstances, students should not be considered as dependent. You may qualify for a dependency override if you are estranged due to abuse, family alcoholism, drug abuse or other unusual circumstances beyond your control. If you can document why you should be considered independent for some unusual reason, you may petition for a waiver of federal regulations requiring parental information.

**Please Note:**

- Appeals submitted without **sufficient supporting documentation will be denied without an option to resubmit.**
- **DO NOT** include original records, they will **not** be returned. Do ensure all copies are legible.

**A. Student Information**

|   |            |       |              |
|---|------------|-------|--------------|
|   |            |       | G00_____     |
| Last Name                                       | First Name | M.I.  | Student ID # |
|   |            |       |              |
| Mailing Address (Including City, State and Zip) |            | Phone |              |

**B. Appeal Documentation**

- A typewritten, dated and signed statement from the student petitioner explaining in detail why you are submitting a request for dependency override.
- A **signed**, comprehensive statement from a counselor, clergy, or other professional person on official letterhead attesting to the extenuating circumstances between you and your parents/guardians and why the writer has knowledge of the situation.
- **Formal** documentation that supports your situation – death certificate, incarceration records, police reports, court documents, etc.
- A copy of your 2021 Tax Transcript (if you filed taxes) and 2021 W-2 statements (if you did not file taxes).

**C. Certification and Signature**

I certify that all information provided is true and correct to the best of my knowledge. I have included all pertinent documentation and understand if my petition is incomplete, it will be denied. I further understand that all decisions are final and cannot be appealed.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

- State College of Florida, Office of Financial Aid Services • 5840 26<sup>th</sup> Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 • (Fax) 941.727.6179 • Email: [AskFinAid@SCF.edu](mailto:AskFinAid@SCF.edu) • Web: [www.SCF.edu](http://www.SCF.edu)

## Petition for Dependency Checklist

Must be completed before sent for processing

If student falls under one of the categories below, DO NOT complete this form. Please have them correct the FAFSA.

- Orphan/Ward of the Court/Foster Care
- Emancipated Minor/Legal Guardianship
- Homeless or Unaccompanied Minor

- FAFSA on file
- Petition is signed and dated
- Signed statement is included
- Third party letter OR Formal documents
- 2021 Tax Transcript
- 2021 W-2s
- Requirement added to RRAAREQ as pending
- IN24V1

Comments: \_\_\_\_\_

**\*\*\*All documents must be included when you accept this from the student. If you accept petition that has incorrect or missing information, it will be returned to you and you will be responsible for contacting the student to get the documents.**

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

**Decision:**  Approved  Denied

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_