JOHNSON C. SMITH UNIVERSITY

Office of Student Financial Aid
100 Beatties Ford Road
Charlotte N.C. 28216
Office (704) 378-1035
Fax (704) 378-1292

2019-2020 Dependency Override Request Form

Student Social Security Number/ ID | **Student Last Name** | **Student First Name**

In exceptional or extraordinary cases, the Office of Financial Aid may consider overriding a student's dependency status. This allows a student who is normally considered dependent to apply for financial aid without providing parental information on the financial aid application. **A parent's refusal to assist or provide information for the purposes of financial aid is not considered an extraordinary circumstance and does not warrant granting a dependency override.**

Student Current Address:

Name

Address

City State Zip

Phone Number

Father (if known)

Name

Address

City State Zip

Phone Number

Mother (if known)

Name

Address

City State Zip

Phone Number

Consideration for a dependency override requires this form be attached to the following documents:	
Student Signed Statement	●A clear and thorough statement explaining the unusual circumstances that prohibit or hinder the student from providing parental income information on the financial aid application (FAFSA). ●Unusual circumstances include: abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate his/her parents. ●Statement must provide: background information regarding estranged relationship with parent, when and how often contact occurs, and any attempts made to resolve the situation.
Documentation	●Documentation must support the situation described in the statement and include the reason for the decision. ●Documentation may include: court document, police reports, or signed letters from third party with knowledge of the unusual circumstances of the student. Third party letters from professional individuals must be on company/business letterhead.
Third Party Letters	●Letters from people outside your immediate family confirming or explaining the situation in detail. ●Each letter must describe the relationship to student or student's family, and the length of time the relationship existed.
Situations not clearly explained and documented will not be considered	

I certify that all information and documentation reported and attached to this form is true, complete, and accurate. I understand false statements or misrepresentations will be cause for denial, reduction, and/or repayment of financial aid.

Student Signature **Date**

For Office Use Only