



**Dependency Override Request Form**

For Office Use Only

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Reason for Approval or Denial: \_\_\_\_\_

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

To guarantee consideration of your request, you **must** submit the following:

- Completed dependency override application (all sections)
- Supporting documentation
- Completed Free Application for Federal Student Aid (FAFSA) and standard verification forms
- Copy of tax transcript or income information (if a non-tax filer)
- Documentation of your special circumstance

Note: If all required documentation is not attached, your application will not be processed.

**Section I. Student Information**

|  |                   |                   |     |
|--|-------------------|-------------------|-----|
| Student Name (Last Name, First Name, M.I.) | A#                | Date of Birth     |     |
| Street Address                             | City              | State             | Zip |
| Email                                      | Home Phone Number | Cell Phone Number |     |

For financial aid purposes, federal regulations define an **independent student** as one who meets at least one of the following conditions.

1. The student is born before January 1, 1998.
2. The student is married.
3. The student is a graduate/professional student.
4. The student is a veteran of the U.S. Armed Forces or on active duty in the U.S. Armed Forces for purposes other than training.
5. The student has legal dependents other than a spouse who is living with him or her, and the student provides **more than half** of the person's support. (The student will be required to provide documentation.)
6. The student has children for whom he or she provides more than half of their support. (The student may be asked to provide documentation to verify this information.)

Federal regulations do permit Shelton State Community College to override a student's dependency status **IF** unusual circumstances exist and can be documented. This determination is made on a case-by-case basis; however, the following conditions are **NOT** considered unusual circumstances; therefore, by law, the status cannot be changed.

1. The parent(s) refuses to provide tax information.
2. The student does not wish to communicate with parents.
3. The student has been previously considered independent for the purpose of receiving financial aid, but the student does not meet the current definition as outlined on the FAFSA.
4. The parents do not claim the student as a dependent for income tax purposes.
5. **The student demonstrates total self-sufficiency.**

These guidelines were written with the philosophy that people are dependent upon their parents, at least until age twenty-four, unless death or severe family problems intervene. Therefore, if a student believes that extenuating circumstances exist that warrant a review of a dependency status, he or she may complete this form and provide documentation to request a

dependency override. The student's narrative and supporting documentation from others **must** be detailed, providing specifics about the family's situations or problems.

**Section II. Reason(s) for Independent Status Request**

Please check the reason(s) for your independent status request. (Documentation must be attached to this form.)

- The parents are unable to provide support due to physical and/or mental incapacity.
- The student's relationship with the parents has been dissolved under circumstances that were initiated by the parent, which can be verified by reliable third parties.
- The student has been abandoned by the parents (documentation required).
- Illegal activities of the parents exist, such as the sale and/or use of drugs, prostitution, and/or gambling.
- The student is a ward of the court (documentation required).
- The student is an emancipated minor (documentation required).
- The student is unaccompanied and/or homeless (documentation required).
- The student is in legal guardianship (documentation required).
- Other: \_\_\_\_\_

**Section III. Financial Information**

**Examples of Required Documents:**

- Court documents
- Detailed letter explaining the circumstances to claim independence
- Description of the current living situation and method of support since separation from parents' home (documentation required)
- Notarized letters (if not on official letterhead) from reliable third parties, such as **counselors, teachers, clergy, attorneys, or Department of Human Resources employees** who are capable of verifying the circumstances of separation from parents
  - Documentation can be copies of restraining orders, notices of court or police action, confirmation of long-term residential treatment, or interaction with mental health centers and/or abuse centers.

1. Did anyone claim you as a tax exemption in the following years?

2019    \_\_\_ No    \_\_\_ Yes    Who? \_\_\_\_\_  
 2020    \_\_\_ No    \_\_\_ Yes    Who? \_\_\_\_\_

2. What is the most recent date you received support from or lived with your parents? \_\_\_\_\_

| Monthly Expenses  |    | Income                     |    |
|-------------------|----|----------------------------|----|
| Rent              | \$ | Net Monthly                | \$ |
| Phone             | \$ | Yearly                     | \$ |
| Utilities         | \$ |                            |    |
| Car Payment       | \$ | Employer Name and Address: |    |
| Fuel              | \$ |                            |    |
| Medical Insurance | \$ |                            |    |
| Clothing          | \$ |                            |    |
| Food              | \$ |                            |    |
| Auto Insurance    | \$ |                            |    |
| <b>Total</b>      | \$ |                            |    |

**Section IV. Explanation of Circumstances**

On the following page, please explain why you believe you should be considered independent. Your narrative should include information regarding your relationship with your parents and why they are unable to complete the FAFSA and/or assist you with your educational expenses. (Use a separate sheet if necessary.)

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**Section V. Certification and Signatures:**

The person signing this worksheet certifies that all information reported on it is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING: If false information is provided purposely on this worksheet, you may be fined, sentenced to jail, or both. You may also be subject to disciplinary action by the College.**

**IMPORTANT: Once we receive your completed documentation, please allow ten (10) business days for verification/corrections to be processed and indicated on your myShelton account.**

**Do not mail this worksheet to the U.S. Department of Education.**

**This form and other required documents should be mailed or delivered to the address listed below.**

**SSCC Enrollment Services Office  
9500 Old Greensboro Road  
Tuscaloosa, Alabama 35405**

**Make a copy of this worksheet for your records.**

The Free Application for Federal Student Aid (FAFSA) is the only form a student is required to complete to be considered for student assistance from any of the Title IV/Higher Education Acts (HEA) programs. No additional application or other request for information can be required by an institution in support of the student's request for Title IV/HEA program assistance, except for information needed to ensure the student's eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

Each institution will make reasonable accommodations for qualified disabled applicants or employees.

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.