2023-2024



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.)	myShelton Username/SSN	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, 1999.
- 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 In	dependent Status	s Request					
Please check the reason(s)	for your independ	lent status requ	est. (Documentation m	ust be attached to th	is 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 b	e verified by relia	ble third partie	S.				
The student has be	en abandoned by	the parents (do	cumentation required).				
Illegal activities of t	he parents exist, s	such as the sale	and/or use of drugs, pr	ostitution, and/or ga	ımbling.		
The student is a wa	rd of the court (do	ocumentation r	equired).				
The student is an e	mancipated minoi	r (documentatio	on required).				
The student is unac	ccompanied and/c	or homeless (do	cumentation required).				
The student is in le	gal guardianship (documentation	required).				
Other:							
					-		
Section III. Financial Inforr	nation						
Examples of Required Do							
 Court documents 							
Detailed letter explaining the circumstances to claim independence							
	_		nod of support since sep	aration from narents	s' home		
(documentation r	•	ation and meti	iod of support since sep	aration from parents	, none		
,	•	attorhood) from	reliable third parties, s	uch as counsolors to	ashors		
		•	•				
	-		rces employees who ar	e capable of verifying	guie		
circumstances of	•						
	•	_	ders, notices of court or	•			
_			with mental health cen	ters and/or abuse ce	nters.		
 Did anyone claim y 	ou as a tax exemp	tion in the follo	wing years?				
2020 No Yes Who? 2021 No Yes Who?							
	2021	L No _	Yes Who?				
2. What is the most re	ecent date you rec	eived support f	rom or lived with your p	parents?			
Monthly Expenses		Income					
Rent	\$		Net Monthly	\$			
Phone	\$		Yearly	\$			
Utilities							
Car Payment	\$		Employer Name and	Address:			
Fuel	\$						
Medical Insurance	\$						
Clothing	\$						
Food	\$						

Auto Insurance

Total

\$ \$

Section IV. Explanation of Circumstances	
	ould 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 nece	ssary.)
	
Section V. Contification and Signatures	
Section V. Certification and Signatures:	
The person signing this worksheet certifies that all information	reported on it is complete and accurate.
Student Signature	
51445 5. ₀	- ***

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.

<u>Do not</u> 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.