



2026-2027 Dependency Override Appeal

STUDENT INFORMATION

Name: _____ ID #: 900 _____

Street Address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____

Phone: _____ SCSU Email Address: _____@scsu.edu

DEPENDENCY OVERRIDE APPEAL PROCESS

This appeal is used to request a dependency override for federal financial aid. It is used after you have filed your Free Application for Federal Student Aid (FAFSA) and indicated that you have special circumstances which prevent you from providing parental information. The Federal Student Aid Program determines a student’s status as dependent or independent by the answers the student provides on the questions listed in the “Student Personal Circumstances” section of the FAFSA. Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents or spouse) are considered the primary source of support for postsecondary education. The Dependency Override process is used to address on a case-to-case basis a student who claims to be independent but does not meet the federal criteria. The student must demonstrate a unique and extenuating circumstance.

The following provides information and explains the procedure used to determine a student’s eligibility for a “Dependency Override”. A Financial Aid Administrator will review the appeal by examining the supporting documentation provided by the student and will either approve or deny the student’s request and notify the student in writing. The decision made by SC State University is final and cannot be appealed to the U.S. Department of Education.

THE FOLLOWING IS *NOT* CONSIDERED A UNIQUE AND EXTENUATING CIRCUMSTANCE

- Self-sufficiency of the student
- Parent’s unwillingness to complete the parent section of the FAFSA
- Parent’s refusal to contribute to the student’s education
- Not residing at the parent’s residence
- Not being claimed as a dependent on your parent’s tax return
- Student’s desire for grants instead of loans

CIRCUMSTANCES GIVEN CONSIDERATION WHERE PARENTAL SUPPORT HAS BEEN TERMINATED

- Documented abandonment
- Parental drug use
- Physical or emotional abuse
- Severe estrangement from parents
- Parental mental incapacity
- Parental incarceration

STEPS

1. Complete your 2026-2027 Free Application for Federal Student Aid and have it sent to SCSU (School Code 003446).
2. Meet with your Financial Aid Counselor.
3. Complete this form using an ink pen.
4. Attach a typed personal letter of appeal explaining your request. Please provide details of your separation from your parents.
 - In your own words tell us why you are requesting a dependency override.
 - Describe your relationship with your parents and include any circumstances surrounding the situation.
 - Include information about how you provide for yourself.
 - If you are or have received support from friends and relatives, you must describe the nature of the support.
 - Make sure your name, student ID #, date, and handwritten signature are included in the letter.
5. Have at least **two** individuals complete the “Dependency Override Documentation” section of this appeal.
 - These individuals should be adults who have direct knowledge of the situation, who are not relatives.
 - One individual must be a professional from whom you have sought treatment or assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.
 - If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member.
 - The Dependency Override Documentation must be the original form completed and signed by each individual.

We understand the sensitive nature of these circumstances; therefore, all documentation received by our office will be kept confidential.

SECTION I: Prior Petition for Dependency Override Approval

Check here if you have been approved for a Dependency Override Appeal in the 2025-2026 aid year by our office and your situation has not changed. You do not have to resubmit the documentation you previously provided. Just complete this page of the form and submit it to the Financial Aid Office.

SECTION II: Parent Information

Parent 1:

Name: _____

Address: _____

Phone: _____

Parent 2:

Name: _____

Address: _____

Phone: _____

SECTION III: Student Information

- 1. Did anyone claim you on their federal tax return for 2024? ___ Yes ___ No 2025? ___ Yes ___ No
 If yes for 2024, provide Name: _____ Relationship to you: _____
 If yes for 2025, provide Name: _____ Relationship to you: _____

- 2. What are your current living arrangements and whom do you live with at the present time?
 Name: _____ Timeframe: _____
 Address: _____

3. Current Expenses:

Type of Expenses	Monthly Amount	How Paid
Housing	\$	
Utilities	\$	
Food	\$	
Personal (clothing and entertainment)	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal/Miscellaneous	\$	

- 4. When was the last time you lived with your parent(s)? Month/Year: _____
- 5. When did your parent(s) last provide any form of support? Month/Year: _____

SECTION IV: Student Certification

I certify that all of the information provided on this form and all attached documentation 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 in order to receive Federal Title IV funds is a federal offense and can be punishable by fines and/or other penalties. I understand that if my situation changes in any way, if I reside with my parents or receive any financial support from them, that I must report this information to the Financial Aid Office.

Student's Handwritten Signature

Date

FOR FINANCIAL AID OFFICE USE ONLY:

Outcome: ___ Eligible for Dependency Override Corrections Processed by OFA: Yes ___ No ___ Date: _____
 ___ Not eligible for Dependency Override Entered in Banner (RNAOVxx): Yes ___ No ___ Date: _____

Comments: _____

Financial Aid Authorization: _____ Date: _____



Dependency Override Documentation Professional

Student Name: _____ SCSU ID #: 900_____

TO BE COMPLETED BY A PROFESSIONAL WHO HAS WORKED WITH THE STUDENT'S FAMILY. (EXAMPLES OF PROFESSIONAL PEOPLE INCLUDE HIGH SCHOOL COUNSELOR, TEACHER, SOCIAL WORKER, CLERGY, PHYSICIAN, LAWYER, or FAMILY THERAPIST).

The above-named student has applied for financial aid at South Carolina State University and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Please provide the last date the student lived with parent(s) and received financial support.

How long have you known the student and what is your professional relationship with the student?

Your name (please print): _____ Your phone #: _____

Your physical address: _____
Street Number and Street Name City State Zip

Your Handwritten Signature: _____ Date: _____



Dependency Override Documentation Non-Relative Individual

Student Name: _____ SCSU ID #: 900 _____

TO BE COMPLETED BY AN INDIVIDUAL WHO IS AN ADULT AND HAS DIRECT KNOWLEDGE OF THE STUDENT'S SITUATION, WHO IS NOT A RELATIVE. THIS PERSON MUST NOT LIVE AT THE SAME ADDRESS AS THE STUDENT.

The above-named student has applied for financial aid at South Carolina State University and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Please provide the last date the student lived with parent(s) and received financial support.

How long have you known the student and what is your professional relationship with the student?

Your name (please print): _____ Your phone #: _____

Your physical address: _____
Street Number and Street Name City State Zip

Your Handwritten Signature: _____ Date: _____