

This form is for dependent students who do not meet the federal criteria for independent status as outlined on the Free Application for Federal Student Aid (FAFSA). Students who are unable to contact a parent or where contact with a parent pose a risk to the student, and who would like to have their unique situation reviewed may qualify for a change to their dependency status. Complete and submit this form along with supporting documents. Additional documentation may be requested after the initial review. Your request will be reviewed within 14 days once ALL required documentation is received, and you will be notified through your Ursuline email account of the decision.

This form will be rejected if it is incomplete or illegible...please complete carefully!

STUDENT INFORMATION — Please print clearly

| | | |
|-----------|------------|---------------------|
| Last Name | First Name | Ursuline Student ID |
|-----------|------------|---------------------|

Address

| | | | |
|------|-------|----------|------------------|
| City | State | Zip Code | Telephone Number |
|------|-------|----------|------------------|

Unusual Circumstances that COULD warrant a Dependency override include, but is not limited to:

- Parental abandonment or estrangement from emotional, financial, and physical support
- Your contributing parent has died, and the other biological parent is still living, however you have not had contact with or received any financial support from the living parent for a significant period of time
- Abusive family situation, which has created an extreme hardship and may prevent the student from attending college
- Parental abuse (drug, alcohol, physical, or emotional) where police or court involvement is on record
- Student is a ward of the court, victim of a documented child abuse case, or is in the custody of DHS
- Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.)
- Legally granted refugee or asylum status
- Parental or student incarceration

By Federal Law, the following conditions DO NOT warrant a Dependency override:

- Parents will not provide information on the FAFSA application or for verification
- Parents refuse to or are unable to contribute to student’s education
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Students do not live with parents
- Student reluctant to request income information from parents
- Student does not wish to communicate with parents
- Student does not want parent’s assistance to pay for college
- Student has ongoing arguments with parents and due to this the parents have refused to help student

Office of Financial Aid

Instructions

If you believe you face unusual circumstances that warrant consideration for a determination of dependency status change for financial aid purposes, please submit the following items and complete the questions below (*Do not leave any question blank, if it does not pertain to you, please indicate this by answering N/A.*):

- **A Personal Statement** - detailed letter explaining your unusual circumstances. You must describe your current relationship (even if it is non-existent) and the current unique situation with your biological/adoptive parents.
- **Third-Party Professional Statement** – provide a signed letter (on official letterhead) from an objective third- party who can corroborate your circumstances and has been involved in a professional capacity.
 - Examples of third-party professionals include, but are not limited to guidance counselors, police officers, physicians, social workers, clergy members, teachers, employers, and mental health providers.
- **Personal Third-Party Statement** – provide a signed letter or email from a third-party adult (aunt, uncle, grandparent, family friend) who personally has knowledge of your situation and can corroborate the facts you present in your statement.
 - The statement must include how the person knows you, how long they have known you and how they have been involved and/or have firsthand knowledge of the situation, a telephone number, and address where the individual can be reached.
- **Supporting Documentation**
 - Signed copies of your 2024 and 2025 Federal Tax Return, including schedules 1, 2, and 3 (if filed) or IRS Tax Return Transcripts
 - Copy of most recent paystub for 2026 showing year to date (YTD) earnings plus documentation of untaxed income if applicable
 - If you did not work you must provide a written explanation of how you were supported in 2024, 2025, and 2026.

Supporting documentation of your unusual circumstances, which includes, but is not limited to:

- A documented interview between the student and the financial aid administrator.
- Court order or official federal or state documentation that the student or student’s parents or legal guardians are incarcerated.
- Documentation which confirms the unusual circumstances with:
 - State, county or tribal welfare agency.
 - An independent living case worker who supports current and former foster youth with the transition to adulthood.
 - Public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence.
 - An attorney, guardian ad litem, a court-appointed special advocate (or similar), or a representative of a TRIO or GEAR UP program which confirms the circumstances and the person’s relationship to the student.
 - A documented determination of independence made by a financial aid administrator at another institution in the same or a prior award year.
- Utility bills, health insurance, lease agreement/proof of mortgage or other documents that demonstrate a separation from parents or legal guardians

Residence Information

Where did you reside (live) in:

| | | | |
|-------|-----------|--------------|----------------------|
| 2024? | On Campus | With Parents | Other, explain _____ |
| 2025? | On Campus | With Parents | Other, explain _____ |
| 2026? | On Campus | With Parents | Other, explain _____ |

Office of Financial Aid

Expenses

For the 2024, 2025 and 2026 calendar years, were any bills/expenses paid on your behalf by someone else? Yes No
This includes all personal expenses that are being covered by parents or others on your behalf.

If yes, please complete the chart below, attached additional papers if more room is needed.

| Calendar Year 2024, 2025, and 2026 | Bill(s) Paid on your behalf | Approximate Yearly Amount Paid | Person who paid on your behalf | Person's relationship to You |
|--|-----------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Did/Does your parent(s) provide your health insurance in: **2024?** Yes No **2025?** Yes No **2026?** Yes No
 Did/Does your parent(s) provide your auto insurance in: **2024?** Yes No **2025?** Yes No **2026?** Yes No
 Did/Does your parent(s) cover your cell phone costs in: **2024?** Yes No **2025?** Yes No **2026?** Yes No

Parental Information (biological or adoptive parents)

Parent 1 Name: _____

Address: _____ City: _____ State: _____ Zip: _____

When did you last live with parent 1? _____ (mm/yy)

When was the last time you had contact with parent 1? _____ (mm/yy)

How often do you have contact with parent 1? _____ (for example: daily, weekly, bi-week, monthly, holidays, no contact)

When did parent 1 last provide any monetary support for you? _____ (mm/yy)

Parent 2 Name: _____

Address: _____ City: _____ State: _____ Zip: _____

When did you last live with parent 2? _____ (mm/yy)

When was the last time you had contact with parent 2? _____ (mm/yy)

How often do you have contact with parent 2? _____ (for example: daily, weekly, bi-week, monthly, holidays, no contact)

When did parent 2 last provide any monetary support for you? _____ (mm/yy)

CERTIFICATION

By signing this worksheet, I certify all the information reported on this worksheet is complete and correct. I understand that the Office of Financial Aid reserves the right to request additional information as needed. Furthermore, I understand that completing this appeal does not guarantee a change in my dependency status. If my appeal is NOT approved, then to receive financial aid I MUST resubmit my FAFSA providing parental information. If approved, this will carry over to future years provided circumstances remain unchanged. **WARNING** If you purposefully give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature

Date

Office of Financial Aid