



Gloucester County College

Office of Financial Aid

2009-2010 Request for Dependency Override Application

Student's Information:

Name _____ ID# _____ DOB _____

Address _____ City _____ Zip Code _____

Phone Number _____ E-mail _____

You are automatically considered to be independent and do not have to submit this form if you answer YES to any of the questions below. Please be prepared to document your situation if you answer YES to any of these questions:

1. Were you born before January 1, 1986? Yes No
2. At the beginning of the 2009-2010 school years, will you be working on a Master's or Doctorate program? (such as an MA, MBA, MD, JD, PhD, EdD, or graduate certificate etc.) Yes No
3. **As of today**, are you married? (Answer "YES" if you are separated but not divorced) Yes No
4. Do you have children who receive **more than half** of their support from you? Yes No
5. Do you have dependents (other than children or spouse) who live with you and who receive **more than half** of their support from you now and through June 30th 2010? Yes No
6. Are (a) both of your parents deceased, or (b) are you (or as of the age of 13) a ward/dependent of the court? Yes No
7. Are you currently serving on active duty in the U.S. Armed Forces for purpose other than training? Yes No
8. Are you now a veteran of the U.S. Armed Forces? Yes No
9. Are or were you an emancipated minor as determined by a court in your state of legal residency? Yes No
10. Are or were you in legal guardianship as determined by a court in your state of legal residency? Yes No
11. At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes No
12. At any time on or after July 1, 2008 did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? Yes No
13. At any time on or after July 1, 2008 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied your who was homeless or were self-supporting AND at risk of being homeless? Yes No

***You are considered a veteran if you (1) have engaged in active duty in the U.S. Armed Forces (Army, Navy, Air Force, Marines or Coast Guard) or as a member of the National Guard or Reserves who was called to active duty for purposes other than training, or were a cadet or midshipman at one of the service academies, and (2) were released under a condition other than dishonorable, or (3) you are not a veteran now but will be by June 30, 2009.**

Providing self-sufficiency and/or living on your own are not adequate reasons for changing the dependency status. It will not be considered as an appeal able circumstance. However, if you believe that your personal and/or family circumstance(s) makes Gloucester County College's consideration of a parental contribution on your FAFSA inappropriate, GCC may be able to consider you an independent student. **To make that determination, Gloucester County College Financial Aid Appeals Committee will need a detailed written explanation and supporting documentation that must be received at least 30 days prior to your last date of enrollment for the 2008-2009 academic year.**

If anyone of the circumstances on the next page of this form applies to you, please check that category, attach required documentation along with a signed copy of your 2008 Federal Tax Return, and return these documents to Gloucester County College Office of Financial Aid in the Student Services Building or mail to:

**Gloucester County College
Office of Financial Aid
1400 Tanyard Road
Sewell, NJ 08080**

The Financial Aid Appeals Committee will review your appeal based on the documentation submitted and notify you of the results. **Appeals submitted without required documentation will be returned to you as denied.** Student will have to re-appeal for all subsequent academic years that they are enrolled at GCC. Appeals granted at other schools for transfer students will have to be resubmitted to the Office of Financial Aid prior to being approved. GCC also reserves the right to the denial of an appeal that had been approved at a previous attended college or university.

Please complete and sign the reverse side

Check the category that applies to you and your situation and supply required documentation.

1. **Your custodial parent has died and the other natural parent is still living.** You, however, have neither had contact with nor received any financial support from the living parent for a significant period of time.

Required Documentation:

1. Letter from you explaining the situation in detail.
2. A copy of the death certificate for the deceased custodial parent.
3. A letter (on official letterhead) from an objective third party which supports your claim that you have neither lived with nor received financial support from the non-custodial parent for a significant period of time.
4. Documentation of your 2008 income.
5. A completed 2009-2010 FAFSA paper application

2. **Your family situation is untenable.** The dysfunction may result from physical abuse, emotional abuse, or drug or alcohol abuse. In many cases, a professional counselor has counseled you to live apart from your parent(s).

Required Documentation:

1. A letter (on official letterhead) explaining the situation in detail from a minister, a social worker, a psychologist, a high school guidance counselor, a teacher, a doctor, or another counseling professional.
2. A letter from you explaining the situation in detail.
3. One or more of the following:
 - a. A letter, **preferably from someone other than a relative or a friend** (i.e. – the parents of a friend of the student, a neighbor, an employer)
 - b. Police reports
 - c. Court reports
 - d. Documentation from a social agency
4. Documentation of your 2008 income.
5. A completed 2009-2010 FAFSA paper application

3. **Will you be giving birth to a child during the 2009-2010 award year?**

Required Documentation:

1. A copy of your child's Birth certificate.
2. Documentation that 50% or more of the support for this child will be provided by you.
3. A letter from your parents stating they will not be claiming you or your child as tax exemptions on their 2009 federal or state tax returns.
4. Documentation of your 2008 income.
5. A completed 2009-2010 FAFSA paper application

Disclaimer

Submitting this appeal application does not guarantee an approval or eligibility for Financial Aid. Student registering for courses and incurring a bill are personally responsible for all charges on their account. All appeals decisions are final and will not be reevaluated by the Financial Aid Appeal committee. Students will be notified in writing of their appeal decision within 30 days from date of submitting their appeal. Regardless whether or not a student receives any form of financial aid (these forms include the NJ STARS scholarship, grants, loans, other scholarships, and/or tuition waivers), the student must understand that they are **PERSONALLY HELD RESPONSIBLE** for all financial charges that they accrue at Gloucester County College. Gloucester County College may permit any student to register before determining a student's eligibility for the NJ STARS scholarship and other forms of financial aid. If, **FOR ANY REASON**, a student should become ineligible for the NJ STARS scholarship or other types of financial aid; the student agrees to pay their account in full including any collection and/or attorney's fees that may be incurred by or on behalf of the College to satisfy the student's personal financial obligations.

By signing below, you the student indicate that you have read and understand the statements explained above. If you have any questions about the statements, you the student must contact the Office of Financial Aid for assistance with your questions. The student also confirms that all information and supporting documentation collected from them is true, accurate and complete to the best of their knowledge

Student's Signature _____ Date _____