



# Gloucester County College

Office of Financial Aid

## 2011-2012 Request for Dependency Override Application

Name \_\_\_\_\_ I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Based on the guidelines set by the Department of Education you are a dependent student. However, the Department recognizes exceptions to this rule and allows financial aid administrators to waive the criteria in extreme circumstances.

Per federal regulations, the following situations, in and of themselves, do not automatically qualify a student as independent for financial aid purposes:

1. Self-sufficiency and /or living on your own.
2. Not living with parents.
3. Parent's refusal to pay and/or assist with college expenses.

To be considered for a dependency override, you must provide the information listed below, which will be held in the strictest confidence. Failure to provide any required documentation will result in an automatic denial. Be advised that the Office of Financial Aid is simply reviewing your request for a dependency override, and that your request may be denied. The Office of Financial Aid will send a decision letter to you after all required documentation is received. ALL DECISIONS BASED ON THIS REQUEST ARE FINAL.

Check the category that applies to you and your situation and supply required documentation (must supply all of the following for each situation).

- 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.
  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 2010 income.
  5. A completed 2011-2012 Verification Worksheet
  6. A completed 2011-2012 FAFSA paper application
- 2. **Your family situation is unattainable.** The dysfunction may result from physical, emotional, drug or alcohol abuse. In many cases, a professional counselor has counseled you to live apart from your parent(s).
  1. A letter from you explaining the situation in detail.
  2. A letter (**on official letterhead**) explaining the situation in detail from a minister, social worker, psychologist, high school guidance counselor, teacher, doctor, or another counseling professional.
  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 2010 income.
  5. A completed 2011-2012 Verification Worksheet
  6. A completed 2011-2012 FAFSA paper application

Submitting this appeal application does not guarantee an approval or eligibility for Financial Aid. Students registering for courses and incurring a bill are personally responsible for all charges on his or her account. 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 students 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 students 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 regarding the above 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 \_\_\_\_\_