

#### **Financial Aid Office**

2405 E. College Way – Lewis 121 Mount Vernon, WA 98273

Phone: MV-360.416.7666/WIC-360.679.5320 Fax: MV-360.416.7886/WIC-360.679.5375

# 2023-2024 PETITION TO REQUEST DEPENDENCY OVERRIDE

Student Name	ctcLink Student ID #

Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to extremely unusual circumstances, students **cannot** obtain parental information. If you cannot provide this information for some unusual reason, you may submit this form to have your circumstances reviewed for consideration of independent student status.

## Please be aware that the following circumstances are <u>NOT</u> considered viable reasons for independent status:

- You do not reside with your parents.
- Your parents refuse to pay for your college education.
- Your parents do not claim you on their tax return.
- Your parents are not financially able to pay for your college education.
- Your parents are not willing to complete the parent section of the FAFSA.
- You do not rely on your parents for support, financially or otherwise.

**Submit all required forms and documents to the Financial Aid Office at the campus you attend.** Your petition will not be reviewed until **all** of the required documentation is received.

- DO NOT leave any questions or requested information unanswered. Petitions with incomplete statements or missing letters of support will NOT be reviewed.
- Responses must be typed on a separate sheet of paper.

### **DOCUMENTATION REQUIRED**

- 1. On a separate sheet of paper, type your answers to each of the following four questions. Be sure to respond to each question in its own section (paragraph). **Title each section with the question you are answering.** 
  - a. Identify the location of both of your parents.
  - b. Describe the last time you had contact with each of your parents (when, where and the nature of the contact).
  - c. Explain why you *cannot* obtain parental information.
  - d. Describe how you have been self-supporting (when did you start meeting your expenses without parental support and how have you provided for yourself?).

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2. Attach typed statements from two responsible adults who are aware of your situation and can speak to the information you have presented (family members, school officials, social services agency official, clergy, etc.). References should specifically address what they know regarding your situation. Statements indicating they agree with what you have written are not sufficient. We may contact either or both of these individuals. Statements from other students and/or friends will not be considered. Include contact information for these two individuals below. Contacts must reside at

difference addresses.		
Name (First Reference)	Name (Second Reference)	
Job Title	Job Title	
Address	Address	
Telephone	Telephone	
Relationship to you	Relationship to you	
ADDITIONAL INFORMATION		
are filing without parent information. Be sure to inclu	cial Circumstances flag on your FAFSA that indicates you	
<b>Please Note:</b> If independency is granted, it is valid at S	Skagit Valley College <u>only</u> .	
REVIEW PROCEDURES		
•	the Associate Dean of Financial Aid to determine if the st. You will be notified of the decision in writing at such	
It generally takes <b>three to four weeks to review and</b> decision on your request may take longer.	process your request. During peak processing periods, a	
I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility for a dependency override and that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.		
I understand that submitting this form electronically as an esignature and my certification that the information provide	email attachment <b>using my SVC email account</b> constitutes my d herein is complete and correct.	
Once completed, this form may be submitted via your mySVC email account submission only.	t, to financial.aid@skagit.edu. Note: this email address is for document	
Signature	Date	

Day 2/2/22

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SVC FINANCIAL AID OFFICE USE ONLY			
72A	☐ Request Approved ☐ Request Denied ☐ Pending	INITIALS & DATE:	