

Student's Signature

2015-2016 Dependency Override Appeal

| PTC ID | O: Name: |
|----------------------------|---|
| If you a using paintenance | **Please complete in blue or black ink, only** al aid regulations assume that the family has primary responsibility for meeting the educational costs of students. The considered a dependent student according to the financial aid definition, your aid eligibility is determined by arent information in addition to your information. Dependent students are required by law to provide parental ation and signature to be considered for financial aid. Congress has established six criteria that automatically a student as independent. |
| | onally, due to unusual circumstances, students should not be considered as dependent. If you can document why buld be considered independent you may petition for a waiver of federal regulations requiring parental ation. |
| | None of the conditions below, alone or in combination, qualify as unusual circumstances or merit a lency override: |
| • | Parents refuse to contribute to the student's education Parents are unwilling to provide information on the application or for verification Parents do not claim the student as a dependent for income tax purposes Student demonstrates total self-sufficiency. |
| Please | complete the following steps and provide the required documentation: |
| 2. 3. | If you have not already filled out a 2015-2016 FAFSA, please complete it online at www.fafsa.gov . On a separate piece of paper, write a narrative detailing the relationship between you and your parents. Provide at least one of the following types of documentation: a. Certification/Documentation from a social worker, doctor, or other professional documenting abuse or neglect. b. Letter from a warden, sheriff, or other public official certifying your parent(s) incarceration or institutionalization. c. Court Documents. d. Statements from two people who are aware of your situation that describe your relationship with your parents. At least one statement must be from a professional (high school/professional counselor, social worker, teacher, lawyer, religious leader). Complete and submit the 2015-2016 V1 Independent Verification Worksheet. This can be found on the PTC |
| 5. | website. Submit a copy of your 2014 Federal Tax Transcript or complete the IRS data retrieval process through the FAFSA. |
| agree t | that the information provided on this form is true and complete to the best of my knowledge. If necessary, I o provide further proof of the information that I have given. I agree to notify the Financial Aid Office is my on changes. Attached is my statement, required documentation, and verification worksheet. **Electronic signatures cannot be accepted** |

Date