



WASHINGTON STATE
COMMUNITY COLLEGE

Office of Financial Aid
Washington State Community College
710 Colegate Drive
Marietta, OH 45750
E-Mail: finaid@wscc.edu
P: 740.568.1908
F: 740.376.0257

Dependency Override Policy

Federal Regulations provide the Financial Aid Administrator at Washington State Community College the opportunity to use professional judgment to grant a dependency override only when extraordinary circumstances can be documented for a student on a case-by case basis. The unusual circumstances must show reason for a student to be considered independent rather than dependent. The U.S. Department of Education has specified that the following reasons **DO NOT** merit a dependency override:

1. Parents refusing to contribute to the student's education
2. Parents refusing to provide information on the FAFSA or for verification
3. Parents do not claim the student as a dependent for income tax purposes
4. Student demonstrates self-sufficiency
5. Student does not wish to communicate with parents
6. Student will not qualify for financial aid if parents' income is used

The Office of Financial Aid at Washington State Community College will consider the following guideline for review for a dependency override:

Irrevocable severances of family ties exist due to extreme circumstances or life threatening situations. Acceptable situations may include physical abuse or neglect. There must be a complete lack of contact now with both parents.

Students must reapply each year for a dependency override if your request is approved.

Instructions:

Complete the Dependency Override Form and submit the required documentation to the Office of Financial Aid at Washington State Community College. The Dependency Override Form can be found on the college's website at www.wscc.edu or in the Office of Financial Aid. Failure to provide complete documentation will result in a delay of processing of your request. Please allow two weeks for the review to be completed. **All decisions concerning a student's dependency override are final and cannot be appealed to the U.S. Department of Education.**

Dependency Override Form

6. Have you received other forms of income assistance since you have become self-supporting? Please list sources and amounts and dates of receipts. **If another individual provides support, please list name of person, relationship and amounts received on your behalf.**

7. Are you currently covered under your parents' health insurance? Yes _____ No _____
Are you currently covered under your parents' auto insurance? Yes _____ No _____

STEP III: Required Documentation (Must be submitted or review will not be conducted!)

- Required Third Party Documentation- Two (2) letters from third party/agency (clergy, attorney, counselor, mental health professionals, or caseworkers) on their letterhead confirming the specifics of your circumstances as described by you. This documentation must be in writing, on appropriate letterhead, and signed. (Note: a person who can only verify that you told him/her about your circumstance does NOT meet this criterion).
- Court documentation or official records supporting your claims.

STEP IV: Certification:

I certify that the information provided on this form and the attached documentation is true and correct to the best of my knowledge. I realize that purposely giving false or misleading information on this form may result in a fine, prison sentence or both.

Signature _____

Date _____

<p><i>Office Use Only</i> Date Received: _____ Approved? YES _____ No _____ FAO Signature: _____ Date: _____</p>
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