

Dependency Override Appeal Form

PVCC Financial Aid Policy requires a student seeking a dependency override to complete and submit the Dependency Override Appeal Form, with required documentation. Decisions made at other institutions will not be accepted.

Last Name	First Name	MI	Student ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone Number		
<input type="text"/>	<input type="text"/>		

Personal Statement

Attach a personal statement, detailing the extenuating circumstances that you believe warrant a review of your dependency status. Include the following details:

- The nature of your relationship with both your mother and father.
- The location of both parents and when you last had contact with them.
- Why you cannot obtain information and/or support from your parents.

Statements from Third Party or Professional Individuals

Provide at least two letters from third party adults who have knowledge of your situation and who can verify your circumstances.

- At least one letter (on letterhead) from a guidance counselor, physician, social worker, licensed therapist, clergy person, or other individual who has been involved in the circumstances in a professional capacity.
- All letters should include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation.
- The individuals submitting letters cannot be related to one another, nor reside at the same address. Please include a contact number and address for follow-up questions.

Residency Information

Where did you live during the prior Academic Year? Off Campus With Parents

Where are your living arrangements for the current Academic Year? Off Campus With Parents

Financial Information

Did your parent(s) claim you as a dependent on their prior federal tax return? Yes No

Will your parent(s) claim you as a dependent on their future tax return? Yes No

Did your parents(s) provide your health insurance for prior Academic Year? Yes No

Will your parent(s) provide your health insurance for the current Academic year? Yes No

Did your parents(s) provide your auto insurance for prior Academic Year? Yes No

Will your parent(s) provide your auto insurance for the current Academic year? Yes No



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Expense Information

Indicate how each expense is paid for.

Expense	Resource or Person who pays for expense
Rent	
Utilities	
Telephone	
Food	
Transportation	
Medical	

Prior Financial Aid Information

Did you receive financial aid during the prior Academic Year (Fall, Spring, or Summer)?

Yes No

If you selected Yes, list the institutions where you received financial aid during the prior Academic Year.

Student Certification

I certify that the information provided on this form and all attached documents are true, complete, and accurate. I understand that intentionally providing false information could result in a reduction of aid, repayment of aid and the denial of future appeals.

Student Signature

Date



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