

## 2023-2024 FINANCIAL AID DEPENDENCY OVERRIDE REQUEST FORM

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined by using parent information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

If you meet at least one of the following criteria, you are considered an independent student:

- Born before January 1, 2000;
- Married;
- Enrolled in a graduate or professional degree program (beyond a bachelor's degree) in 2023-2024
- A veteran of the Armed Forces (or serving on active duty);
- Have children who receive more than half of their support from you;
- Have dependents (other than your children or spouse) who live with you and receive more than half of their support from you.
- At any time since age 13; both parents deceased, been in foster care or dependent or ward of the court.
- An emancipated minor as determined by a court in your state of legal residence;
- In legal guardianship as determined by a court in your state of legal residence;
- At any time on or after July 1, **2022** your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

Occasionally, due to unusual circumstances such as an abusive family environment, students may not be considered dependent. If you can document why you should be considered independent for an unusual circumstance, you may petition for a waiver of federal regulations requiring parental information. Your status as an independent student cannot be based solely on your parents' unwillingness to contribute to your educational expenses or if you demonstrate total self-sufficiency. Thorough documentation is required to explain and verify your situation.

Please note that submitting this request does not guarantee approval of the appeal and that there is no guarantee an approved appeal will result in more or different types of aid awarded to you. Dependency overrides are not automatically renewed each year; if your request is approved and you plan to attend school during a subsequent aid year, you must complete a request form for each new year.

## **Section A: Student Information**

Last Name	First Name	M.I.	
Student ID Number (EMPLID)	Socia	l Security Number	
			@email.vccs.edu
Phone Number	Stude	t Email Address	
Section B: Please complete the inform	ation below. *Note: The Financial Aid	Office reserves the right to request addition	onal documentation, if needed.
Complete the following questions and provide name and EMPLID number are clearly mark	1	complete submissions will not be co	onsidered. Make sure your
1. Did you file a dependency override reques	st at Brightpoint Community College p	ior to the 2023-2024 academic year?	,
$\Box$ YES, but my request was denied <u>or</u>	<b>NO</b> , I have not filed a previous re	quest. (If you checked this box, go the remainder of this request	
<b>YES</b> , the request was approved. (If you c read and sign the certification statement. Ple			

2. Provide a narrative detailing the unusual circumstances you believe we should consider in evaluating your request, including how you plan to support yourself and your educational efforts without support from your parents. Attach additional sheets if necessary.

3. Full name and address for each o	f your parents.		
Mother) Name Address	(Father) Name Address		_
<b>1.</b> Are you (or have you been) invol	ved in a case of abuse against your parents?	<b>YES</b>	
	police report, certification from a professional co re in imminent danger if a relationship is maintain		
5. Describe your last contact with ea	ach of your parents (when, where, and nature of th	e contact). Attach addi	tional sheets if necessary.
examples include high school and	le who are aware of your situation. At least one st professional counselors, social workers, teachers,	police and religious lea	
examples include high school and j locuments are also acceptable. Prov		police and religious lea	
(examples include high school and j documents are also acceptable. Prov Name	professional counselors, social workers, teachers, vide the following information for the two people	police and religious lea providing statements.	
(examples include high school and j documents are also acceptable. Prov Name 7. I have reported <b>2021</b> income on If <b>NO</b> , submit your <b>2021</b> Tax Retur	Professional counselors, social workers, teachers, vide the following information for the two people Phone number	police and religious lea providing statements. Relationship Relationship YES NO	ders). Copies of appropriate court
(examples include high school and j documents are also acceptable. Prov Name 7. I have reported <b>2021</b> income on If <b>NO</b> , submit your <b>2021</b> Tax Retur and submit your <b>2021</b> W2 form(s) f Certification statement: I am requess information provided on this form is misleading information, I understan right to request additional informati	professional counselors, social workers, teachers, vide the following information for the two people         Phone number         Phone number         my FAFSA using the IRS Data Retrieval Tool.         n Transcript. If you will not file 2020 taxes, report	Relationship Relationship YES NO t your tax filing status of by proof that my inform oth. I understand that the ffice of Financial Aid t	on your MyBrightpoint Student Center by signing this form, I certify that the nation is correct. If I provide false or the Office of Financial Aid reserves th o contact the persons named in item f
<ul> <li>(examples include high school and j documents are also acceptable. Prov</li> <li>Name</li> <li>7. I have reported 2021 income on If NO, submit your 2021 Tax Retur and submit your 2021 W2 form(s) f</li> <li>Certification statement: I am requess information provided on this form is misleading information, I understan right to request additional informati (above) for additional or clarifying is</li> </ul>	professional counselors, social workers, teachers, vide the following information for the two people         Phone number         Phone number         my FAFSA using the IRS Data Retrieval Tool.         n Transcript. If you will not file 2020 taxes, reportor any income earned from working.         ting to have my dependency status for financial airs struthful and accurate. If I am asked, I agree to gi d that I may be fined \$10,000, sent to prison, or b on. I authorize Brightpoint Community College C	Relationship Relationship YES NO t your tax filing status of the proof that my inform the proof	on your MyBrightpoint Student Center by signing this form, I certify that the nation is correct. If I provide false or the Office of Financial Aid reserves th o contact the persons named in item f
(examples include high school and j documents are also acceptable. Prov Name 7. I have reported 2021 income on If NO, submit your 2021 Tax Retur and submit your 2021 W2 form(s) f Certification statement: I am requess information provided on this form is misleading information, I understan right to request additional informati (above) for additional or clarifying i	professional counselors, social workers, teachers, vide the following information for the two people         Phone number         Phone number         Phone number         my FAFSA using the IRS Data Retrieval Tool.         n Transcript. If you will not file 2020 taxes, reported any income earned from working.         ting to have my dependency status for financial airs struthful and accurate. If I am asked, I agree to gi d that I may be fined \$10,000, sent to prison, or b on. I authorize Brightpoint Community College C information. I will notify Brightpoint Community         Date	Relationship Relationship YES NO t your tax filing status of the proof that my inform the proof	on your MyBrightpoint Student Center by signing this form, I certify that the nation is correct. If I provide false or the Office of Financial Aid reserves th o contact the persons named in item f
(examples include high school and j documents are also acceptable. Prov Name 7. I have reported 2021 income on If NO, submit your 2021 Tax Retur and submit your 2021 W2 form(s) f Certification statement: I am reques information provided on this form is misleading information, I understan right to request additional informati (above) for additional or clarifying is Student Signature FAA Administrator Use C	professional counselors, social workers, teachers, vide the following information for the two people         Phone number         Phone number         Phone number         my FAFSA using the IRS Data Retrieval Tool.         n Transcript. If you will not file 2020 taxes, reported any income earned from working.         ting to have my dependency status for financial airs struthful and accurate. If I am asked, I agree to gi d that I may be fined \$10,000, sent to prison, or b on. I authorize Brightpoint Community College C information. I will notify Brightpoint Community         Date	Relationship Relationship YES NO t your tax filing status of the proof that my inform the proof	ders). Copies of appropriate court ders). Copies of appropriate court on your MyBrightpoint Student Center by signing this form, I certify that the nation is correct. If I provide false or ne Office of Financial Aid reserves th o contact the persons named in item 1 ncial Aid if circumstances change.
(examples include high school and j documents are also acceptable. Prov Name 7. I have reported 2021 income on If NO, submit your 2021 Tax Retur and submit your 2021 W2 form(s) f Certification statement: I am reques information provided on this form is misleading information, I understan right to request additional informati (above) for additional or clarifying is Student Signature FAA Administrator Use C	professional counselors, social workers, teachers, vide the following information for the two people	police and religious leas providing statements. Relationship Relationship YES NO t your tax filing status of d purposes reviewed. E ve proof that my inform oth. I understand that the ffice of Financial Aid t College Office of Financial	ders). Copies of appropriate court ders). Copies of appropriate court on your MyBrightpoint Student Center by signing this form, I certify that the nation is correct. If I provide false or ne Office of Financial Aid reserves th o contact the persons named in item 1 ncial Aid if circumstances change.

Office of Financial Aid ~ 13101 Route 1, Chester VA 23831 Completed forms can be emailed to financialaid@brightpoint.edu, faxed to 804-594-1630, or submitted in person by visiting the Financial Aid Office. <u>Please Note</u>: Typed signatures are not accepted. You must sign providing written signatures on documents before submission to the office.