

## 2024-2025 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 2024-2025
- 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, 2023 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)			
		@email.vcc	s.edu
Phone Number	Student Email Address		
Section B: Please complete the inform	ation below. *Note: The Financial Aid C	Office reserves the right to request additional documentation, if need	ded.
Complete the following questions and provioname and EMPLID number are clearly mark	•	complete submissions will not be considered. Make sure yo	ur
1. Did you file a dependency override reques	st at Brightpoint Community College pr	ior to the 2024-2025 academic year?	
YES, but my request was denied <u>or</u>	NO, I have not filed a previous red	quest. (If you checked this box, go to question 2 and compl the remainder of this request form.)	ete
YES, the request was approved. (If you o year.)	hecked this box, the Financial Aid Offi	ce will carry forward your previous year's approval to the co	urrent

	nusual circumstances you believe we should con al efforts without support from your parents. At			
Full manner and address for each ad-				
3. Full name and address for each of				
Mother) Name	(Father) Name			
Address	Address		_ _	
. Are you (or have you been) involved	ved in a case of abuse against your parents?	☐ YES	NO	
	police report, certification from a professional c			
ircumstances and stating that you a	re in imminent danger if a relationship is mainta	ined with your parent(s)	).	
. Describe your last contact with ea	ch of your parents (when, where, and nature of	the contact). Attach add	itional sheets if necessary.	
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. Attach statements from two peopl	e who are aware of your situation. At least one	statement must be from	a professional on agency letterhead	
examples include high school and p	rofessional counselors, social workers, teachers	, police and religious lea		
ocuments are also acceptable. Prov	ide the following information for the two people	providing statements.		
Name	Phone number	Relationship		
Name	Phone number	Relationship		
	my FAFSA by giving consent for it to be imported Transcript. If you will not file 2022 taxes, repo		YES NO on your MyBrightpoint Student Cente	
	or any income earned from working.	, 8	, , , , ,	
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	ing to have my dependency status for financial a truthful and accurate. If I am asked, I agree to g			
	I that I may be fined \$10,000, sent to prison, or			
	on. I authorize Brightpoint Community College			
above) for additional or clarifying i	nformation. I will notify Brightpoint Communit	y College Office of Fina	ancial Aid if circumstances change.	
Student Signature	Dat	e		
FAA Administrator Use O	nly: Approved Denied			
Signature	· — · · —	Date		
5151141410		Da		
Comments:				