

Mitchell College

437 Pequot Avenue New London, CT 06320 Phone: 800-443-2811 Fax: 860-444-1209

2017-2018 Dependency Override Form

Name _____

SS # _____

Address _____

Telephone # _____

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 financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to unusual circumstances, students should not be considered as a dependent. If you can document why you should be considered independent for some unusual reason, you may petition for a waiver of federal regulations requiring parental information. In your petition you should answer each of the following items and submit required documents:

1. Identify the location if known of both parents and describe the last time you had contact with each of your parents (when, where, and the nature of contact).
2. Explain the unusual circumstances that would make you an independent student.
3. Describe how you have been self supporting: a) when did you start meeting your expenses without parental support: and b) how have you provided for yourself? (Provide copies of last year's tax forms and a copy of rental agreement or documentation information from someone who is providing your support).
4. Provide statements from two responsible adults who are aware of your situation. At least one statement must be from someone who is not a relative or friend. Copies of appropriate court documents are acceptable to support your petition.
5. Did your parents claim you as a dependent on their 2016 federal tax return? Did anyone claim you as a dependent on their 2016 federal tax return? If so, who was that person?
6. Employment: Employer's name, address and telephone # and the number of hours worked per week. Estimated gross annual income. (Provide copies of your last three pay stubs.)

I certify that the following information provided in this petition is true and correct:

Signature _____ Date _____