

WALLACE COMMUNITY COLLEGE SELMA
*Request for Independent Student Status
 Dependency Override Petition Request*
 Telephone (334) 876-9296 Fax (334) 876-9366

To be completed by student (please print):

Name: _____ Student "A" ID# _____
 Address: _____ City: _____
 State and Zip: _____ Telephone #: _____

Deadline for Dependency Override Petition 2 weeks before classes begin

Section I:

Federal Aid Regulations require the family to take primary responsibility for meeting the educational costs of students. Eligibility is based on the criteria from "The Free Application for Federal Student Aid (FAFSA)". It is determined by using both the student's and parent (s)'s financial information. If the directions on your FAFSA instruct you to provide parent information, then by law you are considered a "Dependent Student" for federal aid purposes and must provide parental information and signature(s).

However, a student who is considered a "Dependent Student" may have family circumstances that warrant an evaluation so that the student can be considered an "Independent Student". The federal government allows the school to review these unique circumstances to determine if the situation warrants special consideration. Please note that a request for consideration of a special/unusual circumstance does not guarantee approval.

<p>Circumstances that will not be considered for a dependency override:</p> <p>Parents refuse to contribute to:</p> <ul style="list-style-type: none"> • the student's education • providing parental information for FAFSA or verification <p>Student:</p> <ul style="list-style-type: none"> • Demonstrating total self-sufficiency or self-support • Parents "don't get along" • Single parent and pregnant • lives with grandparents, family or friend 	<p>Some "special/unusual circumstances" which may qualify as considerations for a dependency override may include, but are not limited to:</p> <ul style="list-style-type: none"> • Parental abandonment of the student, Abusive family environment which threatens the student's health or safety • Student's inability to locate parents for a long-term and on-going basis • Parent(s)'s death • Student is at risk of being homeless or unaccompanied homeless • Dependent student marries after the FAFSA was filed • Dependent student becomes active duty military after the FAFSA was filed
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Please note that a request for consideration of a special/unusual circumstances requires supporting documents. Failure to submit supporting documentation will result in a denied petition.

Section II:

Please read carefully and select the appropriate circumstance for which you are submitting a petition.

The student must submit a **typed, signed and dated letter detailing the special circumstance** as it relates to one or both parents. *Any request submitted without the proper documentation below will not be reviewed.*

<p>(A) the death of one/both parent</p> <p>The student must have (his/her) birth certificate and the death certificate of the (deceased) parent.</p> <p>____ Birth Certificate of Student ____ Death Certificate of Mother ____ Death Certificate of Father</p>	<p>(B) adoption or ward of the court status</p> <p>The student must have legal court documents.</p> <p>____ Legal Court Documents</p>
<p>(C) marriage after FAFSA filed</p> <p>The student must have (his/her) marriage license.</p> <p>____ Marriage License</p>	<p>(D) active duty military after FAFSA filed</p> <p>The student must have (his/her) military documents.</p> <p>____ Military Documents</p>
<p>(E) abandonment or abusive environment</p> <p>The student must have letters to verify current living situation, legal courts, or police documents.</p> <p>____ Two letters on an official letter head (non-relative) detailing the student's circumstance regarding both parents or ____ legal documents</p> <p>**Two statements must be from a certified person of authority, such as, but not limited to:</p> <ul style="list-style-type: none"> • <i>local school district</i> • <i>homeless liaisons or coordinators</i> • <i>school personnel (teacher, counselor, etc)</i> • <i>medical professional</i> • <i>authority</i> • <i>member of the clergy (church),</i> • <i>prison administrator</i> • <i>court</i> 	<p>(F) at risk or unaccompanied homeless</p> <p>The student must have letters to verify current living situation.</p> <p>____ Two letters on an official letter head (non-relative) detailing the student's circumstance regarding both parents or ____ legal documents.</p> <p>**Two statements must be from a certified person of authority, such as, but not limited to:</p> <ul style="list-style-type: none"> • <i>local school district</i> • <i>homeless liaisons or coordinators</i> • <i>school personnel (teacher, counselor, etc)</i> • <i>medical professional</i> • <i>authority</i> • <i>member of the clergy (church)</i> • <i>prison administrator</i> • <i>court</i>

Section IV: Read Carefully Before You Sign

I understand that the dependency override petition request is considered on a case-by-case basis each academic year and will require, if deemed necessary, the submission of new or updated documentation each year a petition request is required.

I understand that in order for the dependency override petition request to be evaluated, all forms must be completed and supporting documents submitted.

I understand that the request for the petition with supporting documents may be an annual review process until the age of 24, married, or active duty military and the decision regarding approval independent status will only apply to the current academic year.

I understand financial aid will be terminated if false information is submitted on any financial aid document required by WCCS and the student will be billed by the Business Office. *False or fraudulent information may be reported to the Federal Office of the Inspector General and you may be fined up to \$20,000, sent to prison or both.*

I further understand that if the approval of the dependency petition situation changes, the Financial Aid Office must be notified immediately.

By signing below, I certify that I understand the above information and all information provided is true and correct.

Signature: _____ **Date:** _____