
Please print, sign and submit this form along with ALL required supporting documentation to the Office of Financial Aid Office.

Federal Financial Aid regulations indicate that an individual who does not automatically qualify as an independent student for FAFSA purposes may be reclassified as independent if a financial aid administrator makes a documented determination of independence by reason of unusual circumstances. This determination is commonly referred to as a Dependency Override.

The U.S. Department of Education (DOE) has provided guidance to assist financial aid administrators in making consistent and reasonable Dependency Override decisions.

In accordance with DOE guidance, Eureka College adheres to the policy that a dependency override cannot be approved for an otherwise dependent FAFSA applicant if one or more following conditions are the ONLY circumstances cited by the applicant:

- the student simply states that he/she is financially self-sufficient or does not live with parent(s);
- a parent isn't willing to contribute financially toward the student's educational and living expenses, or simply elects not to assist the student financially;
- a parent isn't willing to provide the data required on the FAFSA or to assist in completing the verification process; or
- the student is not claimed by a parent as a federal income tax exemption.

A Dependency Override generally may be considered for an otherwise dependent FAFSA applicant if one or more of the following conditions are cited by the applicant in his/her written appeal and supported by additional documentation:

- an abusive (emotionally or physically), unhealthy, or unsafe family environment;
- abandonment of the student by the parent(s);
- incarceration of the custodial parent(s);
- removal or relocation of the student from the parent(s)' residence by court order; and/or
- other unusual or extraordinary circumstances, events, or incidents, particularly those related to any of the conditions for independency.

Dependency Override determinations are always made by the Office of Financial Aid on an individual, case-by-case basis and are not approved solely on the basis of a prior determination.

Submit this worksheet with all required documentation to:
Office of Financial Aid
Eureka College
300 E. College
Eureka, IL 61530
financialaid@eureka.edu
FAX: 309-467-6897

2020-2021 DEPENDENCY OVERRIDE APPEAL REQUEST

Student Name

EC Sonis ID Number

Street Address

City, State, ZIP

Phone Number

Your Dependency Override letter of appeal should provide convincing justification that you are truly independent based on at least one of the conditions listed on page 1. Your letter of appeal should also include an explanation of the following:

- your current circumstances and reason for appeal;
- your current living arrangements, particularly how often (summers, weekends, etc.) you reside with your parent(s);
- your personal relationship with your parent(s) - how often you visit them, contact them, etc;
- what kind and amount of financial support your parent(s) provide to you (money, food and housing, payment of bills and/or cell phone bill, purchase of a vehicle, insurance payments, medical insurance, etc.); and
- what kind and amount of financial support you receive from other family members, friends, or relatives.

In addition, you should provide:

- letters of support from **at least two** other adults (only one of which may be a family member or relative) who are familiar with the situation and can confirm the validity of the appeal. *Examples of such individuals include, but are not limited to, a high school guidance counselor, religious leader, Family Services officer, guardian, court representative, social worker, etc.;*
- a complete Verification Worksheet Form located at <https://www.eureka.edu/future-students/financial-aid/financial-aid-resources/>;
- your 2017 Federal Tax Return Transcript or a Statement of Non-Filing Status Form located at <https://www.eureka.edu/future-students/financial-aid/financial-aid-resources/>;
- your 2017 W2 forms from all employers.

By signing this form, you certify that all information submitted is accurate and complete to the best of your knowledge. You also certify that you understand the Financial Aid Office has the authority to verify information reported in your appeal with outside entities, the U.S. Department of Education or other federal agency.

Student Signature

Date

For Office Use Only:

Appeal Approved

Appeal Denied

Basis for Decision:

Financial Aid Administrator Signature

Date