

2026-2027 Dependency Override Form

Student's Last Name

Student's First Name

Student's M.I.

Stevenson University I.D. #

General Information for Requesting a Dependency Status Override

Dependent students who do not meet the federal criteria for "independent" status as outlined on the FAFSA can appeal to have their unique family circumstances reviewed to determine if they qualify to be considered as an independent student for financial aid purposes. You may qualify for a dependency override, if you are estranged from your parents due to abuse, abandonment, death of parents, or other unusual circumstances beyond your control that can be sufficiently documented. If your Dependency Override Appeal was ap-proved in previous years, please complete the Dependency Override Renewal form.

Please Note: Parents' refusal/inability to contribute to your education, parents not claiming you on their taxes, and/or You supporting your-self are not considered extenuating circumstances.

Required Documentation:

2026-2027 FAFSA (studentaid.gov) — Your 2026-27 FAFSA must be received before we can review your appeal.

Personal Statement by Student— Attach a typed personal statement summarizing the unusual circumstances with your name, Student #, date and signature. Your statement should include the following information: 1) detailed explanation of your current relationship with each of your parents (if you are estranged, provide details of the circumstances that caused the estrangement), 2) the location of your parents and the last date and nature of parent contact, 3) your living arrangements—where are you living , and 4) how you are supporting yourself.

Additional Supporting Documentation— Attach copies of any relevant supporting documentation (e.g. death certificate, court documents (including protection/restraining orders), police report, documentation of incarceration or institutionalization, legal documents, etc.).

2024 Federal Tax Return Transcript, if your IRS information was entered manually on your FAFSA.

Certifications and Signatures:

I certify that all information submitted is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also purposely giving false or mislead-ing information may lead to fines, jail sentences, or both. I authorize Stevenson University to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature

Date

*Do not email this or drop off at the financial aid office.
Please submit this worksheet to the Stevenson Financial Aid Office using the Self-Service portal*