

2018-2019 Special Circumstances Appeal Form
Dependency Override

Do not complete this form unless you have already applied for financial aid using the 2018-2019 Free Application for Federal Student Aid (FAFSA).

If you have not filed the FAFSA, please complete the on-line form as soon as possible at:
www.FAFSA.ed.gov

Students not meeting federal criteria for independent status may request a professional judgment adjustment to override the federal criteria. Dependency overrides will only be considered on a case-by-case basis due to “unusual circumstances.” This may include inability to locate parents, an abusive family environment or abandonment by parents.

Documentation **must** be provided by an impartial third-part source. Examples include:

- School guidance counselor;
- Teacher;
- Medical professional;
- Member of the clergy; or
- Social service representative

Students must document proof of income and current living arrangements. Other documentation may be accepted based on the situation.

The phrase “unusual circumstances” means: unusual circumstances that make it inappropriate to expect a parental contribution for the student. The Department of Education has identified four conditions that, individually or in combination with one another, do not qualify as “unusual circumstances.”

Circumstances that **do not merit a dependency override** include:

1. Parents refusing to contribute to the student’s education;
2. Parents unwillingness to provide information on the FAFSA or for verification;
3. Parents not claiming the student as a dependent for income-tax purposes;
4. Student demonstrating total self-sufficiency.

**NOTE: Dependency override approvals do not carry over from one year to the next.
Please complete this form for each year you file a FAFSA.**

EVANGEL

UNIVERSITY

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2018-2019 Special Circumstances Appeal Form *Dependency Override*

APPEALS WILL ONLY BE PROCESSED WITH THE COMPLETE AND APPROPRIATE DOCUMENTATION ATTACHED.

Student's Last Name (<i>Please print</i>)	First Name	MI	Date of Birth
Social Security Number	E-mail address	Telephone Number	
Address	City	State	Zip Code

PLEASE READ CAREFULLY – Check the category that applies to your situation.

- A. Death of a custodial parent and you have no contact with the noncustodial parent.**

Documentation Required:

- Written statement in your own words explaining your situation.
- Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
- Explanation of living arrangements.
- Complete the attached **Income and Expense Form**.

- B. The location of your parent(s) is unknown.**

Documentation Required:

- Written statement in your own words explaining your situation.
- Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
- Explanation of living arrangements.
- Complete the attached **Income and Expense Form**.

- C. You left home to escape an abusive environment.**

Documentation Required:

- Written statement in your own words explaining your situation.
- Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
- Copy of last pay statement showing year-to-date earnings from each job worked.
- Explanation of living arrangements.
- Complete the attached **Income and Expense Form**.

D. Other unusual circumstances warranting an override of dependent status.

Documentation Required:

- a. Written statement in your own words explaining your situation.
- b. Written statement from a third party, such as a teacher, counselor, social worker, medical authority, member of the clergy, government agency, or court verifying your situation.
- c. Copy of last pay statement showing year-to-date earnings from each job worked.
- d. Explanation of living arrangements.
- e. Complete the attached **Income and Expense Form**.

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INCOME / EXPENSE FORM

Student's Name: _____ Date: _____

Social Security Number : _____ Telephone: _____

Please complete the expense and income chart listed below. If the answer is "0" write it in the space. Do not leave any blank fields.

Expenses			Income	
Student	2017 Monthly Expense		Student	2017 Monthly Income
\$	Housing		\$	Gross wages
\$	Utilities		\$	Social Security
\$	Car Payment/Insurance		\$	Welfare Benefits
\$	Gas or transportation		\$	Food Stamps
\$	Groceries		\$	Housing allowance
\$	Telephone/Cell Phone		\$	Support from others
\$	Personal (clothes, soap, etc.)		\$	Other income
\$	Other payments		\$	
\$	TOTAL		\$	TOTAL

Check here if you were living with someone in 2017 who paid for your living expenses (i.e. housing, food, utilities, etc.). Complete the information below to show where and with whom you lived during 2017.

Name Relationship Dates lived with

Name Relationship Dates lived with

If 2016 monthly expenses exceeded 2017 monthly income, explain how monthly expenses were paid.

I certify that the information I have provided is true and accurate to the best of my knowledge.

Student Signature Date

Please submit your Special Circumstances Appeal Form and other required documents to:
Evangel University
Office of Financial Aid
Attn: Special Circumstances Appeal
1111 North Glenstone Avenue
Springfield, Missouri 65802
Phone (417) 865-2815, ext. 7300 or FAX (417) 575-5478