



2026-2027 Special Circumstances Appeal Form *Dependency Override*

Do not complete this form unless you have already applied for financial aid using the 2026-2027 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.studentaid.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-party 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 an 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.

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

All appeals require the following documentation:

- 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. Explanation of living arrangements.
- d. Completed **Income and Expense Form**.

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

Please Print.

Student's Last Name	First Name	MI	Date of Birth
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Student ID#	E-mail address
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- Death of a custodial parent and you have no contact with the noncustodial parent.
- The location of your parent(s) is unknown.
- You left home to escape an abusive environment.

Additional Documentation Required:

- Copy of last pay statement showing year-to-date earnings from each job worked.

- Other unusual circumstances warranting an override of dependent status.

Additional Documentation Required:

- Copy of last pay statement showing year-to-date earnings from each job worked.

Please submit your Special Circumstances Appeal Form and other required documents via upload to your student portal, mail, or fax 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

Do not email documentation.

2026-2027 Special Circumstances Appeal Form

Dependency Override

INCOME / EXPENSE FORM

Student's Name: _____

Date: _____

Student ID#: _____

Phone: _____

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	2025 Monthly Expense	Student	2025
\$	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 2025 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 2025.

Name Relationship Dates lived with

Name Relationship Dates lived with

If 2025 monthly expenses exceeded 2025 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