

## 2024-2025 Dependency Override Application

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Student Name

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ctcLink Student ID #

Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to extremely unusual circumstances, students **cannot** obtain parental information. If you cannot provide this information for some unusual reason, you may submit this form to have your circumstances reviewed for consideration of independent student status.

**Please be aware that the following circumstances are NOT considered viable reasons for independent status:**

- You do not reside with your parents.
- Your parents refuse to pay for your college education.
- Your parents do not claim you on their tax return.
- Your parents are not financially able to pay for your college education.
- Your parents are not willing to complete the parent section of the FAFSA.
- You do not rely on your parents for support, financially or otherwise.

**Submit all required forms and documents to the Financial Aid Office at the campus you attend.** Your petition will not be reviewed until **all** of the required documentation is received.

- DO NOT leave any questions or requested information unanswered. Petitions with incomplete statements or missing letters of support will NOT be reviewed.
- Responses must be typed on a separate sheet of paper.

### DOCUMENTATION REQUIRED

1. On a separate sheet of paper, type your answers to each of the following four questions. Be sure to respond to each question in its own section (paragraph). **Title each section with the question you are answering.**
  - a. Identify the location of both of your parents.
  - b. Describe the last time you had contact with each of your parents (when, where and the nature of the contact).
  - c. Explain why you **cannot** obtain parental information.
  - d. Describe how you have been self-supporting (when did you start meeting your expenses without parental support and how have you provided for yourself?).

2. Attach **typed** statements from **two** responsible adults who are aware of your situation and can speak to the information you have presented (family members, school officials, social services agency official, clergy, etc.). References should specifically address what they know regarding your situation. **Statements indicating they agree with what you have written are not sufficient.** We may contact either or both of these individuals. Statements from other students and/or friends will not be considered. Include contact information for these two individuals below. **Contacts must reside at difference addresses.**

_____ Name (First Reference)	_____ Name (Second Reference)
_____ Job Title	_____ Job Title
_____ Address	_____ Address
_____ Telephone	_____ Telephone
_____ Relationship to you	_____ Relationship to you

**ADDITIONAL INFORMATION**

If you have not already done so, submit your Free Application for Federal Student Aid (FAFSA) online at <http://www.fafsa.ed.gov/>. Select the appropriate Circumstances flag on your FAFSA that indicates you are filing without parent information. Be sure to include Skagit Valley College’s school code (**003792**). Once your FAFSA has been processed, you will receive a summary of your data and a notification of any rejects or corrections that need to be made.

**Please Note:** If independency is granted, it is valid at Skagit Valley College only.

**REVIEW PROCEDURES**

All submitted documentation will be reviewed by the Financial Aid Department to determine if the information you have provided supports your request. Once a decision has been made, you will be notified via email.

It generally takes **three to four weeks to review and process your request**. During peak processing periods, a decision on your request may take longer.

*I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility for a dependency override and that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.*

*I understand that submitting this form electronically as an email attachment **using my SVC email account** constitutes my signature and my certification that the information provided herein is complete and correct.*

Once completed, this form may be submitted via your mySVC email account, to [financial.aid@skagit.edu](mailto:financial.aid@skagit.edu). Note: this email address is for document submission only.

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Signature

\_\_\_\_\_  
Date

Rev. June 2024

SVC FINANCIAL AID OFFICE USE ONLY		
ESK082	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Pending	INITIALS & DATE: