

Financial Aid Office
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6th Floor, Room 652
Denver, CO 80203
Phone: 720-423-4744
Financial.Aid@emilygriffith.edu
EmilyGriffith.edu



2017-2018 Request for Dependency Override

Student Name _____ Student ID # _____

By completing this form, you are asking EGTC's Office of Financial Aid to review your student status. This form is used to determine whether you qualify for a dependency override based on your family situation. Accurate and complete information is necessary to make a decision about your dependency status. If the information requested in either section is not complete with all necessary documentation, processing of your appeal will be delayed until the additional information is obtained. Please allow 2-4 weeks for us to review your appeal.

In order for the Office of Financial Aid to consider your appeal, you must document an extreme, unique, and/or unusual family circumstance that prevents you from obtaining parental information. Examples include family abuse or neglect, parental desertion and other situations where contact between you and your parent(s) are strained or non-existent. Submission of this appeal and documentation does not imply the appeal will be approved. We must also have a current 2017-2018 FAFSA on file. If you have completed a 2017-2018 FAFSA please submit the required documentation as outlined below. If you have not submitted or you are having difficulty with the online application, you may complete the online application and submit without parental information or you may download a paper application and submit it along with your appeal to our office. The paper application can be found at <http://federalstudentaid.ed.gov>. Click on "FASFA filing options" to download the forms.

New Appeals: Please complete and attach **all** of the following information:

1. Statement providing information supporting why you are independent of your parents. Please be as detailed and thorough as possible in order to help our office determine your dependency status.
2. Statement from a third party supporting your appeal and the reasons you are unable to obtain your parent(s) information. Examples include: counselors or teachers, clergy, community groups, government agencies, medical personnel, courts, or prison administrators. In rare circumstances where third party confirmation cannot be obtained, financial aid has the discretion to accept a signed statement from a relative or friend, however the use of this form of documentation may occur only in extremely rare circumstances and lack of acceptable third party documentation may result in request being denied.
3. Copy of your 2015 Federal income tax transcript or a signed paper copy of the 2015 IRS tax return if you filed; or a copy of your 2015 W2's, if you were employed. If you were not employed, provide a statement explaining how much you earned in 2015 and how you were able to cover your living expenses.
4. Copy of your current lease agreement or mortgage statement. If you do not have a lease agreement in your name, provide a statement explaining your current living situation. (Your lease agreement must contain your name, address, amount of rent paid per month, terms of the agreement, and signatures from both you and the landlord).

Previously Approved Appeals: In order to have EGTC's Office of Financial Aid re-examine your dependency override appeal from a previous year, you must submit the following information:

1. A brief explanation of why your appeal was previously approved and your **current** situation and relationship with both of your parents.
2. Copy of your 2015 Federal income tax transcript or a signed paper copy of the 2015 IRS tax return if you filed; or a copy of your 2015 W2's, if you were employed. If you were not employed, provide a statement explaining how much you earned in 2015 and how you were able to cover your living expenses.
3. Copy of your current lease agreement or mortgage statement. If you do not have a lease agreement in your name, provide a statement explaining your current living situation. (Your lease agreement must contain your name, address, amount of rent paid per month, terms of the agreement, and signatures from both you and the landlord.)

Student Signature _____ Date _____

For Financial Aid Office Use Only:

Date _____ Committee Decision: Approved Denied Previous appeal approved
Comments _____