A Dependency Override is used to change a student’s dependency status from Dependent to Independent. This change will affect a student’s financial aid eligibility.

Dependency overrides are intended for students who are able to prove and fully document exceptional circumstances. This includes, but is not limited to, students who have no contact with their biological parents. We are unable to approve requests for students whose parents are unwilling or unable to pay for school, or for students who have chosen to live on their own.

Note the following as you complete the Dependency Override Request:

- Thorough documentation to explain and verify your current situation is required. Income information originally provided on your FAFSA will also be verified.
- You will be notified in writing of the result.
- A new Dependency Override Request must be completed each award year. Policies and procedures are subject to change annually as influenced by Institutional and Federal regulatory changes.

You are already considered an Independent student if any of the following are true:

- You are 24 years of age or older by December 31 of the award year;
- You are an emancipated minor, orphan or ward of the court, or are in legal guardianship;
- You are a veteran of the Armed Forces of the United States;
- You have completed a bachelor’s program;
- You are married; or
- You have legal dependents other than a spouse.

Please provide the following items in order for us to proceed with your request:

- Completed Dependency Override Request form
- Third Party Professional Documentation form
- Any additional documentation to support your request (i.e.: legal guardianship court paperwork, letter from your physician or counselor, etc).

If you have any questions, please contact the Financial Aid Office.
Phone (757) 455-3345
E-mail finaid@vwc.edu
Dependency Override Request

You must complete and return this form, along with all other required documents, before this request can be evaluated.

Student Name ____________________________ Home Phone ____________________
Address _________________________________ Cell Phone ______________________

Parent(s): Mother      Father
Name _____________________________        _______________________________
Address ___________________________        _______________________________
Phone _____________________________        _______________________________

1. What are your present living arrangements? Who do you live with? If you are living on your own, how much rent do you pay each month? When did this living arrangement begin?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. If living on your own, how do you support yourself and meet your living expenses?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
_________________________________________  ________________________
Student Signature      Date

3. When was the last time you lived with your parent(s)? Month/Year____________
4. When was the last time you had any contact with your parent(s)? Month/Year____________
5. When did your parent(s) last provide any form of support? Month/Year____________
Please explain and provide any additional documentation for your exceptional circumstance.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify the information provided is true and correct and I understand it will be used to override my dependency status. I understand if I purposely give false or misleading information in connection with my application for federal student aid, I may be fined up to $20,000, sent to prison, or both.

I understand that if I move back in with my parent(s) or receive any kind of parental support, I must report this to the Financial Aid Office immediately.
THIRD PARTY PROFESSIONAL DOCUMENTATION
FOR DEPENDENCY OVERRIDE REQUEST

To be completed by student:

Name___________________________________ SSN _________________________

The above named student authorizes you to provide the following information.

This form is to be completed by a professional outside of Virginia Wesleyan College who is not related to the student and who has worked with the student and/or student’s family.

How long have you known the student?    _______________________________________

What is your professional relationship with the student? ________________________________

Please provide a brief statement regarding your knowledge of the student’s family history and relationship with his/her parent(s). Please attach an additional sheet of paper if necessary.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name ____________________________        Title_________________________________

Business Address ___________________________________________________________
__________________________________________________________________________

Business Phone ___________________________

Signature ______________________        Date ______________________________________

Return to:
Virginia Wesleyan College, Financial Aid Office, 1584 Wesleyan Dr, Norfolk, VA 23502