



Office of Financial Aid
400 PARAMUS ROAD
ROOM #L123

REQUEST FOR DEPENDENCY OVERRIDE

2010-2011 ACADEMIC YEAR

For Dependency Overrides the Federal guidelines are extremely clear. Being self-supporting is NOT grounds for an override.

Instead you must prove **INVOLUNTARY DISSOLUTION OF THE FAMILY**. This means you were forced to leave your parents' home and have no contact with them. You must explain, in detail, why you cannot live with your parents. Then you must have official third party letters, on letterhead, that back up your story.

Just because you feel mature enough or responsible enough to be on your own does not erase your PARENTS' OBLIGATION to assist you with your education.

We accept letters on letterhead from H.S. Guidance counselors and teachers, lawyers, personal counseling centers, social services, clergy, etc. We also will accept police reports documenting abuse. Absent that, we require two letters from people personally knowledgeable to the relationship with the parent like a Grandparent, Aunt or Uncle. The letters must be very detailed about the situation and their relationship to the student.

Most students make the mistake of having a roommate or employer write a letter that the student is self sufficient and pleading for us to change their dependency status. They don't realize that Financial Aid representative are personally liable for willfully violating Federal Law.

**APPEAL FORM FOR REVIEW OF DEPENDENCY STATUS
2010-2011**

The Office of Financial Aid at Bergen Community College may consider a student under the age of 24 as self-supporting only in unusual circumstances. Please submit the documentation requested below for the circumstance causing your appeal. **YOU SHOULD COMPLETE AND DOCUMENT ONLY THE CIRCUMSTANCE THAT PERTAINS TO YOU.**

Attach the requested documentation and return it with this form:

**Bergen Community College
Financial Aid Office,
400 Paramus Road – L123
Paramus, New Jersey 07652-1595**

The following information covers the procedure that is applied to determine a student's eligibility for a "Dependency Override". A Financial Aid Committee will review the student's appeal by examining the supporting documentation provided by the student, and based on their professional judgment, will either approve or deny the student's request. The student will be notified in writing of the decision.

PLEASE NOTE: THE FINANCIAL AID ADMINISTRATOR'S DECISION IS FINAL AND CANNOT BE APPEALED TO THE U.S. DEPARTMENT OF EDUCATION.

SECTION I: CIRCUMSTANCES GIVEN CONSIDERATION

- A. A student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety and due to these conditions, parent support was terminated.
- B. Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
- C. Other extenuating circumstances that can be sufficiently documented.

SECTION II: REVIEW PROCEDURES

- A. All submitted documentation will be reviewed by the Financial Aid Committee to determine if the student will be granted a dependency override.
 - B. An official notification of the Committee's decision will be sent to the student along with an explanation of any further actions necessary to complete his/her application for aid.
 - C. If the student has already completed a FAFSA for the year under review, the Financial Aid Administrator will make any necessary corrections electronically to the original FAFSA form.
 - D. If the student has not yet filed a FAFSA for the year under review, the completed paper FAFSA should be submitted to the Office of Financial Aid so that the dependency override can be completed.
 - E. All documentation will be maintained in the student file.
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SECTION III: RENEWAL OF A DEPENDENCY OVERRIDE FOR FUTURE YEARS

A dependency override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override in the previous academic year must reapply each concurrent year. The Financial Aid Administrator will request documentation from the student regarding their current status. If the student is re-approved for the Dependency Override, the Financial Aid Administrator will need to make necessary changes.

- A. A personal letter of appeal explaining the reason for your request for a dependency override.** The letter should be one to two pages and provide as much detail as possible describing your separation from your parents. You are required to include the following information:
- The whereabouts of your biological father and biological mother including their current living arrangements. Include the last contact you had with each biological parent and the frequency of contact with each biological parent over the past five (5) years.
 - Why you cannot provide parental financial information on the 2010-2011 FAFSA.
 - Your living arrangements over the past five (5) years. With whom have you resided? Who has provided support to you over the past five (5) years?
 - Your name, identification number, and signature.
- B. Letters from two individuals who can attest to your situation.** Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents along with their knowledge of the date of occurrence.
- The **first** letter should be from a professional individual not related to the student — counselor, social worker, clergy, police, etc.
 - The **second** letter can be from either a professional or nonprofessional individual.
 - Each letter must include the individual’s name, title or position, address and **must be signed and dated**.
 - The individuals cannot be related to each other **AND** must reside at separate addresses.
- C. Your custodial parent has died and you have no contact with the other birth parent.**
- Attach death certificate of the deceased birth parent.
 - A letter from an objective third party which supports your claim that you have not had any significant relationship with the other birth parent.
- D. A completed and signed 2010-2011 FAFSA — leave the parent section blank.**
- E. A signed copy of the student’s 2009 Federal Income Tax Return.**

I CERTIFY THAT THE INFORMATION LISTED ON THE FORM AND ALL SUPPORTING DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE IS CORRECT AND COMPLETE.

Student Signature

Date _____ / _____ / _____

SUBMIT THIS FORM AND ALL SUPPORTING DOCUMENTS TO THE OFFICE OF FINANCIAL AID FOR THE 2010-2011 ACADEMIC YEAR.

Have you already filed the 2010-2011 FAFSA? Yes ___ No ___
(If “No,” do NOT file your aid application until you receive a response to this appeal.)