

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the federal financial aid regulations, your aid eligibility is determined by using parent information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to unusual circumstances such as an abusive family environment, students may not be considered dependent. If you can document why you should be considered independent for an unusual circumstance, you may petition for a waiver of federal regulations requiring parental information. **Your status as an independent student cannot be based on the following reasons:**

- **Parents refuse to contribute to the student's educational expenses;**
- **Parents are unwilling to provide information on the FAFSA or for verification;**
- **Parents do not claim the student as a dependent for income tax purposes;**
- **Student demonstrates total self-sufficiency**

Please note that submitting this request does not guarantee approval of the appeal and that there is no guarantee an approved appeal will result in more or different types of aid awarded to you. Dependency overrides are not automatically renewed each year; if your request is approved and you plan to attend school during a subsequent aid year, you must complete a request each award year.

**Section A: Student Information**

Last Name

First Name

MI

Student ID (EMPLID)

Social Security Number

Phone Number

Students PHCC Email Address

**Section B: Please complete the information below. "Note: The Financial Aid Office reserves the right to request additional documentation if needed."**

Complete the following questions and provide all of the required documentation. Incomplete submissions will not be considered. Make sure your name and EMPLID number are clearly marked on all attachments.

1. Did you file a dependency override request at P&HCC prior to the 2024-25 year?  YES  NO
2. Provide a narrative detailing the unusual circumstances you believe we should consider in evaluating your request, including how you plan to support yourself and your educational efforts without support from your parents.

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3. Full name and address of each of your parents.

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Address \_\_\_\_\_

4. Are you (or have you been) involved in a case of abuse against your parents?  Yes  No  
If yes, required documentation: A police report, certification from a professional counselor, and/or other court documents confirming your circumstances.

5. Describe your last contact with each of your parents (when, where, nature of contact and how often). Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_

6. Attach detailed statements from two people who are aware of your situation and can provide us with very detailed information about it. At least one statement must be from a professional on their agency letterhead (examples include high school and professional counselors, social workers, teachers, police and religious leaders, etc.). This must be on professional letterhead. Copies of appropriate court documents are also acceptable. Provide the following information for the two individuals providing the statements. Please reference the second paragraph on page 1 for what does **NOT** constitute a dependency override.

Name Phone Number Relationship to you

Name Phone Number Relationship to you

Certification statement: I am requesting to have my dependency status for financial aid purposes reviewed. By signing this form, I certify that the information provided on this form is true and accurate. If I provide false or misleading information, I understand that I may be fined \$10,000, sent to prison or both. I understand that the Financial Aid Office reserves the right to request additional documentation. I authorize Patrick & Henry Community College's Financial Aid Office to contact the persons named in item #5 above for additional information.

Student Signature Date

**Office Use Only:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

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