ARKANSAS STATE UNIVERSITY

Office of Financial Aid & Scholarships
2027-2028 Continued Dependency Override

Student name (Last name, First name)	
A-State ID number	Cell phone number

An override may only be granted on a case-by-case basis for students with unusual & exceptional circumstances such as:

1. Abandonment by parents.
2. Abuse/neglect
3. Inability to locate parents.

I attest that all of the following are true:

- ❑ I was previously granted a Dependency Override by the Office of Financial Aid & Scholarships at Arkansas State University.
- ❑ The circumstances under which I was granted a Dependency Override still exist and have not changed.
- ❑ I am requesting a continuance of the previously granted Dependency Override for the 2027-2028 academic year.

If the circumstances under which you were granted the Dependency Override have changed, do not complete this form. Please contact the Office of Financial Aid & Scholarships.

X _____ _____

Student Signature **Date**

For office use only

❑ Approved ❑ Denied

X _____ _____

Financial Aid Counselor Signature **Date**

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**