ARKANSAS STATE UNIVERSITY

Office of Financial Aid & Scholarships
2027-2028 Dependency Override Request Form

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

Dependency Override

There are limited circumstances in which a student may be able to request a dependency status override. Examples include:

1. Abandonment by parents.
2. An abusive family environment that threatens the student's health or safety.
3. The student being unable to locate his/her parents.
4. Other unusual situations can be reviewed by the financial aid office.

In cases of unusual circumstances, a dependency override might be warranted as evaluated and approved by the financial aid office.

The conditions listed below **do not** qualify as unusual circumstances:

1. Parents refusal to contribute to the student's education.
2. Parents unwillingness to provide information on the FAFSA or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.

In order for the financial aid office to review a request for status override, the student must submit the following:

❑ **Personal Statement by Student**
Attach a typed personal statement that summarizes the unusual circumstances with your name, student ID number, date and signature. Your statement should include (1)last date and nature of parent contact and (2)location of parents and (3)how you have supported yourself. Also explain your current living arrangements and means of financial support.

❑ **Personal Statement by Third Party (Professional)**
Attach a typed statement signed and dated from a public official (on letterhead) who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents (e.g., teacher, high school guidance counselor, member of clergy, law enforcement representative, social worker, government agency, medical authority, or clerk of courts).

❑ **Personal Statement by Third Party (Personal)**
Attach a typed statement signed and dated from an individual who has knowledge of your unusual circumstances and knowledge concerning your relationship with your parents (e.g., neighbor, grandparent, sibling, aunt, or uncle).

X _____ _____

STUDENT SIGNATURE | DATE

****Submission of this form and documentation does not guarantee approval.****

For office use only

X _____ _____

FINANCIAL AID COUNSELOR SIGNATURE | DATE

❑ Approved

X _____ _____

FINANCIAL AID SUPERVISOR SIGNATURE | DATE

❑ Denied

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**