

PETITION FOR DEPENDENCY OVERRIDE

2016-2017

LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:		E-MAIL:	
<input type="checkbox"/> Initial Request	<input type="checkbox"/> Renewal	<input type="checkbox"/> ARIZONA ASSURANCE	<input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> UA Online Campus

This petition is used to request a dependency override if you are currently considered a dependent when applying for federal student aid, but due to extenuating circumstances, you feel that you should be considered independent. Return this completed form with the required documentation to the Office of Scholarships and Financial Aid. We understand the sensitive nature of these circumstances. All documentation received by our office is confidential. Please note that examples of situations where petitions may be approved include abusive family environment or abandonment by parent(s). A successful petition for a dependency override depends on the specific information and documentation you provide. Attach appropriate legal documents to support your petition.

None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

- Parents refuse to contribute to the student's education.
- 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.

Petition Process

Section 1 – Required for Initial and Renewal | Personal Statement

On a separate piece of paper, tell us in your own words why you should be considered for a dependency override. Describe your relationship with your parent(s) and include any circumstances surrounding the situation. Include information about how you provide for yourself. If you are receiving support from friends and relatives, you must describe the nature of the support. Sign and date your personal statement.

Section 2 – Required for Initial Request Only | Documentation

Provide statements from at least **two** adult professionals who can verify the family circumstances that you described in your personal statement. The statements should be from an adult who has direct knowledge of the situation, or a professional from whom you have sought treatment or assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc. If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member. The statements you submit must be signed originals, but supporting documentation may be photocopies.

Section 3 – Required for Initial and Renewal | Student Certification

All information provided in my petition for dependency override is correct and true. I understand that the decision made on the basis of this petition only affects my application for financial aid at The University of Arizona. If I have provided false and/or misleading information in order to receive federal financial aid funds, I will be required to repay any funds paid to me.

I certify that the above is based on the best information available at this time. **I understand that additional documentation may be required to clarify my circumstances.**

Student Signature

Date