

**2010 – 2011
INDEPENDENT OVERRIDE REQUEST FORM**

PLEASE READ THIS FORM CAREFULLY.
Filing this form does not guarantee that your appeal will be approved.

Name: _____
Last First Middle Initial CU ID #

Current Mailing Address: _____
Street City State Zip

E-mail address: _____

Phone: _____

YOU ARE CONSIDERED AN INDEPENDENT STUDENT FOR FINANCIAL AID PURPOSES IF YOU MEET ONE OF THE FOLLOWING CONDITIONS at the time you complete and sign the 2010-2011 Free Application for Federal Student Aid (FAFSA):

- * You will be 24 years old by December 31, 2010 (born **before** January 1, 1987).
- * As of today, you are married. (Answer yes if you are separated but not divorced.)
- * At the beginning of the 2010-11 school year, you will be working on a master's or doctorate program.
- * You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- * You are a veteran of the U.S. Armed Forces.
- * You have children who will receive more than half of their support from you between July 1, 2010 and June 30, 2011.
- * You have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2011.
- * At any time since you turned 13, both your parents were deceased, you were in foster care or were a dependent or ward of the court.
- * You are/were an emancipated minor as determined by a court in your state of legal residence.
- * You are/were in legal guardianship as determined by a court in your state of legal residence.
- * At any time on or after July 1, 2009, your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless.
- * At any time on or after July 1, 2009, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless.
- * At any time on or after July 1, 2009, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

NOTE: If you meet one of the above conditions, you do not need to complete this form.

A. REASONS FOR APPEAL – Many students believe they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others believe they should be considered independent because their parents refuse to

provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Financial Assistance Office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definition **unless exceptions are made. Exceptions are made only when adequate documentation of extenuating family circumstances exists.** Extenuating circumstances are generally defined by students' inability to have contact with their parents. Please review the reasons for appeal below and circle the one that describes your circumstances. **If none of these circumstances apply to your situation, do not complete this form.**

- 1) Severe circumstances within your family prevent you from obtaining your parents' financial information. Examples:
 - a) An abusive home situation which is detrimental to your physical or mental well-being
 - b) Abandonment by both parents
 - c) History of parental alcohol or drug abuse
 - d) Incarceration of the custodial parent
 - 2) Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in number 1.
 - 3) You are divorced after being married for at least two years and maintained a residence apart from your and your former spouse's parents during the time you were married. You now maintain a separate residence from your parents and pay all expenses from your own income and assets.
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B. PERSONAL STATEMENT AND DOCUMENTATION – Attach a written personal statement (preferably typed) which completely and explicitly explains the basis of your appeal. Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strictest confidence. Make sure your statement is signed and dated. Attach at least **two acceptable sources of documentation** which verify **all** the facts of your appeal. Acceptable sources of documentation are listed below according to the reason for your appeal.

- ◆ **If you circled reason #1, provide two or more of the following acceptable sources:**
Signed statements from two adult professionals who are not family members which verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department), and officers of the court. Letters must be signed originals on agency letterhead with the professional title (Counselor, Rabbi, etc.). Personal references which do not represent an agency opinion must be notarized.
- ◆ **If you circled reason #2, provide two or more of the above sources and a photocopy of your parent's death certificate or newspaper obituary.**
If your last name is different than your parent's, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances which prove your relationship.

◆ **If you circled reason #3, provide all of the following sources:**

Complete copies of your marriage license(s), divorce decree(s), federal tax returns (1040, 1040A, 1040EZ, or 1040TEL) and W-2 forms for the period in which you were married, and mortgage or rental agreements for the period in which you were married. A signed and notarized statement from both of your parents verifying amounts of financial support of any kind (other than reasonable gifts for birthdays and holidays) or the absence of such support after you married.

C. MONTHLY EXPENSE AND INCOME WORKSHEET – Complete both worksheets.

- 1) **CURRENT EXPENSES** – Estimate your current **monthly** expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of **monthly** amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter “self” in the third column.

Expense	Monthly Cost	Who Pays or Provides It
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	
Other	\$	

- 2) **CURRENT INCOME** – Describe your average **monthly** income and identify the source(s) by name (examples: Self-Employed, Burger King, Wal-Mart).

Type of Income	Monthly Amount	Source(s)
Wages	\$	
Interest	\$	
Dividends	\$	
Untaxed Income	\$	
Cash Support	\$	
Other	\$	

ADDITIONAL INFORMATION – Answer all questions below.

- 1) In what year were you last claimed by your parent(s) as a dependent on a Federal 1040 or 1040A Tax Return? _____
- 2) When did you last live with your parent(s)? Month _____ Year _____
- 3) When did you last receive financial support from your parent(s)? Month _____ Year _____
- 4) Are you included as a dependent under your parents' medical plan? Yes/No
If yes, please give the name and address of the medical insurer.

- 5) Do you own or have the use of an automobile while attending Cameron? Yes/No
If yes, please give the name and address of the registered owner.

If you are the registered owner, please provide the following information:

Year, Make, and Model: _____

Purchase Date: _____ Outstanding Balance: \$ _____

Monthly car payment: \$ _____

If someone else is making your car payments, please provide his/her name and relationship to you. _____

- 6) Did you file a 2009 Federal Tax Return (1040, 1040A, 1040EZ, or 1040TEL)? Yes/No
If yes, please attach a complete signed photocopy.

D. STUDENT CERTIFICATION – Read carefully before you sign.

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State Student Aid jeopardized.

Your signature

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS AREA.

RESULTS OF APPEAL TO APPLY FOR FINANCIAL AID AS AN INDEPENDENT STUDENT

Student _____ CU ID# _____

Address for window envelope:

FINANCIAL ASSISTANCE RESPONSE TO STUDENT

- Your appeal cannot be considered until you provide more detailed written documentation regarding the circumstances which you cited in your appeal. Attach all required sources of documentation and a more complete letter of explanation. Promptly return this form and the required documentation to our office.
- Your appeal was carefully reviewed by the Professional Judgment Committee. It was the decision of the committee not to grant your appeal at this time. You will be required to use parental information on your application.
- Your appeal was approved. See enclosed information to process your application.

_____ Date _____
Carol E. Claiborne, Interim Director