

Unusual Circumstances Appeal (Dependency Override)

An Unusual Circumstances Appeal allows you to request a **dependency status change from dependent to independent** due to unusual circumstances. The Financial Aid Office will review your case upon successful completion and submission of the Appeal. We cannot guarantee an increase to any financial aid award; however, we will strive to be fair, and timely.

Please review the following information BEFORE submitting an Unusual Circumstances appeal form to our office.

Examples of Unusual Circumstances Considered:

- Victims of human trafficking
- Refugee or asylee status
- Parental abandonment or incarceration
- Abusive family environment
- Parents are incapacitated
- Both parents became deceased after filing the FAFSA
- Unaccompanied youth who is homeless or is self-supporting and at risk of being homeless

Examples of Unusual Circumstances NOT Considered:

- Parents do not claim you as a dependent on their tax return
- Parents are not helping you pay for college
- No longer living with parents (unless due to one of the unusual circumstances listed in the section above)

FACT: Dependency, according to federal financial aid law, is NOT determined by any of the above situations. For example, a student who is classified as independent for federal tax filing purposes may or may not also be classified as independent for financial aid filing purposes. In general, your answers to "Step Three" of the FAFSA determine whether or not you can file the FAFSA as an independent student (which means you do not include parent information on your FAFSA). If you answer "Yes" to any of the items in "Step Three," then you are considered independent for financial aid purposes and can complete the FAFSA without parent information.

We do offer the option of a dependency override by appeal for students with extreme extenuating circumstances. A dependency override, IF APPROVED, will re-classify the student as independent due to extenuating circumstances, as validated by required documentation. There is no guarantee that an appeal will be approved, and this independent status does NOT automatically carry over from one academic year to the next. Please review the following appeal form for information required to receive a dependency override.

In rare instances, a student may have extenuating circumstances that are not identified when completing the FAFSA. The following form gives a student the ability to appeal dependency status for reasons other than being financially self-supporting. The federal government does not recognize the amount of a student's income as a reason to consider the student independent. A PARENT'S CHOICE TO NOT PAY FOR A STUDENT'S EDUCATION IS NOT RECOGNIZED BY THE FEDERAL GOVERNMENT AS AN ALLOWABLE APPEAL. This appeal process gives the student the ability to state difficult circumstances that may permit a change of dependency status.

You will need to COMPLETE, SIGN, and RETURN the application that begins on page 3 of this document to the Ozarka Financial Aid office as soon as you complete your 2025-2026 FAFSA.

Instructions: Return the completed form with the required documentation to the Financial Aid Office after completing the FAFSA. All documentation received by our office will be kept confidential. All decisions made by the Ozarka Financial Aid Office are FINAL and not appealable.

Stude	ent Name:				Student ID#:
		Last	ſ	irst	MI
Home	e Address:				Phone:
		Street	City	State	ZIP Code
Unusı	ual Circums	tances Appeal P	rocess (<i>ALL</i> j	four steps h	ave to be completed):
	requesting	an dependency ov	verride by out	tlining the mi	tell us in your own words why you are itigating circumstances and why you should be situation and how you are supporting yourself.
	loca obt	ation of both parer ain information an	nts and when nd/or support	you last had from your po	e of your relationship with your parents; (2) the contact with them; and (3) why you cannot arents. Sign and date your statement. You will addate of your situation every year .
	personally (on letterh professions counselor/	have knowledge o ead) should be fro al capacity (high so	f your situation m an individu Thool guidanc	on and who o al who has b e counselor,	rs from third-party adult individuals who can verify your circumstances. At least one lett been involved in the circumstances in a clergy, social worker/caseworker, or, university administrator,
	• All	letters must inclu	de details suc	ch as:	
		 The length of to of your situation 		ure of the wr	iter's relationship to you and his/her knowledg
		 The reason when should be independent. 		provide you	ır parents' information on the FAFSA/why you
		■ The writer's na	ame, address	, telephone r	number, and signature
		=			W-2 Forms. If you did not file and are not come received in 2023 (attach your W-2 or 109)
	List each 2	023 employer/soເ	irce of incom	e:	2023 Amount received:

	Did anyone claim you as an exemption on their 2023 federal tax return?
	YesNoDon't Know
	If yes, Person's Name:
	Relationship to the Student:
•	Did anyone provide your health insurance within the last year?
	YesNoDon't Know
	If yes, Person's Name:
	Relationship to the Student:
•	Did anyone provide your auto insurance within the last year:
	YesNoDon't Know
	If yes, Person's Name:
	Relationship to the Student:
Signature/Co	
Ry cianing th	nis worksheet, I certify that all the information reported on it is complete and correct. If
you purpose jail, or both.	Ply give false or misleading information on this worksheet, you may be fined, sentenced to Note: We may request additional documentation if we have reason to believe any of tion on this form is inaccurate.
you purpose jail, or both.	ely give false or misleading information on this worksheet, you may be fined, sentenced to Note: We may request additional documentation if we have reason to believe any of
you purpose jail, or both.	ely give false or misleading information on this worksheet, you may be fined, sentenced to Note: We may request additional documentation if we have reason to believe any of tion on this form is inaccurate.
you purpose jail, or both. the information	Note: We may request additional documentation if we have reason to believe any of tion on this form is inaccurate. Applicant Date