



**Ozarka College**  
*Providing life-changing experiences through education.*

# 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.**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street City State ZIP Code

- **1. Personal Statement:** On a separate sheet of paper, tell us in your own words why you are requesting an dependency override by outlining the mitigating circumstances and why you should be considered independent, including your current living situation and how you are supporting yourself.
  - *Be sure to describe the following: (1) The nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; and (3) why you cannot obtain information and/or support from your parents. Sign and date your statement. You will need to submit a personal statement with an update of your situation **every year**.*
- **2. Third-Party Statements:** Provide at least two letters from third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. At least one letter (on letterhead) should be from an individual who has been involved in the circumstances in a professional capacity (high school guidance counselor, clergy, social worker/caseworker, counselor/therapist, doctor, attorney, teacher/professor, university administrator, supervisor/employer).
  - **All letters must include details such as:**
    - The length of time and nature of the writer’s relationship to you and his/her knowledge of your situation
    - The reason why you cannot provide your parents’ information on the FAFSA/why you should be independent
    - The writer’s name, address, telephone number, and signature
- **3. Copy of 2023 signed Federal Tax Return and 2023 W-2 Forms.** If you did not file and are not required to file, list below your employer(s) and any income received in 2023 (attach your W-2 or 1099 forms).

**2023 Amount received:**

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□ **4. Expenses:** Place an X in the appropriate boxes.

- Did anyone claim you as an exemption on their 2023 federal tax return?

\_\_\_ Yes      \_\_\_ No      \_\_\_ Don't Know

If yes, Person's Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

- Did anyone provide your health insurance within the last year?

\_\_\_ Yes      \_\_\_ No      \_\_\_ Don't Know

If yes, Person's Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

- Did anyone provide your auto insurance within the last year:

\_\_\_ Yes      \_\_\_ No      \_\_\_ Don't Know

If yes, Person's Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

**Signature/Certification**

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Submit form to:**

**Ozarka College Financial Aid Office**

**P.O. Box 10**

**Melbourne, AR 72556**

**or**

**Fax to 870-368-2091**