

EL PASO COMMUNITY COLLEGE
2009-2010
REQUEST FOR DEPENDENCY OVERRIDE (RENEWAL)

NAME _____ ID: _____ / _____ / _____ E-MAIL: _____

Students granted a Dependency Override in previous years who feel their circumstances warrant reevaluation for 2009-2010 must provide the following information to allow the Financial Aid Office to make a determination. Applications without the required documents may be denied based upon insufficient documentation. The Financial Aid Office will review the documentation submitted and will notify you of the results through mail or e-mail (if one is provided).

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

The basic premise underlying student financial aid is that it is primarily the responsibility of the student and his or her family to pay educational costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student's family to help pay educational expenses. By petitioning, you are asking us to relieve your parents of the responsibility of using their resources to pay part of your college costs. In order for our office to consider this appeal, you must document an extreme, unique and/or unusual family circumstance which prevents you from obtaining parental information.

WHAT DOES CONSTITUTE UNUSUAL CIRCUMSTANCES: Examples of extreme, unique or unusual family circumstances include family abuse or neglect, parental desertion and other situations where contact between the student and parent is non-existent. Submission of this appeal and documentation does not necessarily mean the appeal will be approved each determination is made on a case by case basis. **The Financial Aid Office decision is final and cannot be appealed to the Department of Education.**

WHAT DOES NOT CONSTITUTE UNUSUAL CIRCUMSTANCES: The Financial office maintains that certain circumstances cannot be considered unusual. For example, the parents unwillingness to assist the student in providing information, a student who does not want to request parental information and a student who is and has been on "their own" for several years. For additional information or questions, please feel free to contact the Financial Aid Office.

REQUIRED DOCUMENTATION:

1. Letter from student detailing the special circumstances that make the student independent from parents.
 - a. The nature of your current relationship with your parents.
 - b. The whereabouts of parents and when you last had contact with them.
 - c. Why you can not obtain information and/or support from your parents.
 - d. How you have been supporting yourself this year.
2. Provide supporting documentation attesting to the circumstances described in your statement.
3. Complete your 2009-2010 FAFSA paper version ONLY.
4. Download the 2009-2010 Verification Worksheet, which can be found at our website:
<http://www.epcc.edu/Student/Stufin/sfs9.htm> in the forms category.
5. A signed copy of your 2008 Federal Tax Return, if one was filed, and/or statement of support.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, that no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize this proof must include a copy of my U.S. Income Tax Return. I also realize if I do not give proof when asked, I may not be processed for financial aid. I also understand any suspected fraud will be reported to the proper authorities and the Office of Inspector General. Such things as forged, falsified or counterfeit documents, irregular signatures and certifications, false or fictitious names, addresses, staff, unreported or misreported receipt or student aid. No student or prospective student will be excluded from participation in or be denied the benefits of financial aid on the basis of race, color, age, national origin, religion, or sex. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature _____ Date _____

FOR FINANCIAL AID USE ONLY

The specific unusual circumstances upon which this determination to grant a dependency override are:

Initiated By: _____ Date: _____

Comments: _____

Secondary Review:

Staff Signature: _____ Date: _____

Comments: _____

Action taken: _____ Date: _____