

ARAPAHOE COMMUNITY COLLEGE

2009-2010 PETITION FOR DEPENDENCY OVERRIDE

Social Security Number

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Student ID Number

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Name: _____

Phone: _____ Birth Date: _____

Street Address: _____

City, State, Zip: _____

All students under the age of 24 as of December 31, 2009 who cannot answer yes to one of the 13 questions below are considered dependent for federal financial aid purposes. If, however, after answering all questions below with a “no” you believe that unusual circumstances have caused you to become independent, you may request a dependency override.

1. Were you born before January 1, 1986?
2. As of today, are you married?
3. At the beginning of the school year 2009-2010, will you be working on a master’s or doctorate program?
4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
5. Are you a veteran of the U.S. Armed Forces?
6. Do you have children who receive more than half of their support from you?
7. Do 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, 2010?
8. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
9. Are you or were you an emancipated minor as determined by a court in your state of legal residence?
10. Are you or were you in legal guardianship as determined by a court in your state of legal residence?
11. At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
12. At any time on or after July 1, 2008, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
13. At any time on or after July 1, 2008, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Please note the following:

- A student’s reluctance to request the income information from the parents is not justification for granting an override.
- The unwillingness of the parents to pay or provide information is not a valid reason for granting an override.
- In all cases, independence must have occurred out of necessity rather than choice.
- Examples of situations where petitions may be approved are: documented abandonment, parental drug abuse, parental mental incapacity, physical or emotional abuse, parental incarceration or severe estrangement.
- A successful petition for a dependency override depends on the specific information and documentation that you are able to provide. Please be as complete as possible.

Instructions

1. Write and submit a personal letter stating your extenuating circumstances. Address the circumstances that have caused you to become independent from your parents, when you became independent, and how you have provided for your own basic necessities (shelter, food, clothing, transportation, medical care). Attach appropriate documentation.
2. Submit at least two (2) letters from third parties who personally have knowledge of your situation and who can verify your circumstances. At least one letter must be on letterhead from a guidance counselor, physician, social worker, clergy person, or another individual who have been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow up questions.
3. Attach your completed and signed FAFSA, if you have not already submitted it to the federal processor. If your petition is approved the Financial Aid Office will mail your FAFSA to the federal processor. If you have already mailed your 2009-2010 FAFSA, check this box.

If your request is not approved, your FAFSA will be returned to you with a letter of explanation.

All information provided in my Petition for Dependency Override is true and correct. I understand that the decision made on the basis of this petition only affects my application for aid at Pikes Peak Community College and is final.

Signature: _____ Date: _____