

MORGAN COMMUNITY COLLEGE

2023-2024 PETITION FOR DEPENDENCY OVERRIDE

Student ID #:

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Name: _____

Phone: _____ Birth Date: _____

Street Address: _____

City, State, Zip: _____

All students under the age of 24 as of January 1, 2023, 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, 2000?
2. As of today, are you married?
3. At the beginning of the school year 2023-2024, 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 or will have children who receive more than half of their support from you between July 1, 2023 and June 30, 2024?
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, 2024?
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. As determined by a court in your state of legal residence, are you or were you an emancipated minor?
10. Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?
11. At any time on or after July 1, 2022, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
12. At any time on or after July 1, 2022, 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 or were self-supporting and at risk of being homeless?
13. At any time on or after July 1, 2022, 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 are able to 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 2023-2024 Student Aid Report (SAR). If your petition is approved the Financial Aid Office will correct your 2023-2024 FAFSA with a dependency override. If your request is not approved, your SAR 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 Morgan Community College and is final.

Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Second Review By: _____ Date: _____

Professional Judgement By: _____ Date: _____

PROHIBITION OF DISCRIMINATION, HARASSMENT OR RETALIATION

MCC employees and students shall not be subjected to unlawful discrimination and/or harassment on the basis of sex, gender, race, color, age, creed, national or ethnic origin, ancestry, physical or mental disability, familial status, veteran or military status, pregnancy status, religion, genetic information, gender identity, sexual orientation, or any other protected class or category under applicable local, state or federal law, in connection with employment practices or educational programs and activities. For more info, including where to direct inquiries, visit: <http://www.MorganCC.edu/about-mcc/legal-notices>.