

**SETON HALL UNIVERSITY**  
2008-09 Dependency Override Appeal Form

Student Name (print): \_\_\_\_\_ SHUID: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

This form is designed to evaluate an individual student's own circumstances and determine whether he/she should be considered an "independent" student for financial aid purposes. At this point, based on the guidelines set forth by the Department of Education, you are a dependent student. The Department does recognize exceptions to this rule, and allows financial aid administrators the right to waive the criteria in extreme circumstances. In order to be considered independent, a student must prove his/her circumstances with documentation.

If you have experienced abandonment, abuse, neglect, or the like, you may petition for independent status. All of the information gathered by the Financial Aid Office will remain strictly confidential. Be advised that the Financial Aid Office will be reviewing the documentation, but not all requests are approved. Failure to provide any information requested will be considered an automatic denial.

*The following circumstances are **not** usually approved or considered reasons for independent status:*

You do not reside with your parents, your parents refuse to pay for your college education, your parents are not financially able to pay for your college education, you were married AFTER you applied for financial aid, or you do not want your parents' assistance to pay for college.

**All decisions based on this request are final.**

**Required information:**

1. **Personal Statement.** Describe your situation below, attach extra pages if necessary. You must describe your current relationship (even if it is non-existent) with your father and mother.

2. **Legal documentation** verifying reasons for your independent status request. This may include, but is not limited to:

- Copy of legal guardianship papers. (This is to verify that you had a legal guardian, other than parent, prior to age 18.)
- Documentation confirming both parents are deceased or incarcerated.
- Documentation confirming that there is a restraining order that prohibits you from having contact with your parents.
- Other legal documentation that would explain why parent information should or could not be obtained to determine financial aid eligibility.

**OR**

**Two professional letters** verifying reasons for your independent status request.

Professional letters must be on official letterhead, and from a professional adult whom is able to verify the family circumstances you described in your personal statement. Professional adults can include: clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals and law enforcement officers.

3. **Personal support statement.** Please complete the estimated expenses worksheet (see reverse) and attach a copy of your 2007 Federal Tax Return (if completed) and W-2 forms. You may be asked to provide additional financial documentation if needed.

4. **Free Application for Federal Student Aid (FAFSA).** If you haven't completed a FAFSA, please complete the attached FAFSA form. If you have already submitted one, make sure you listed SHU on your FAFSA application.

5. **Personal Statement - Reason for Dependency Override Request**

**Certification and Authorization:**

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I understand that I may be asked to submit additional documentation if necessary.
- I realize that if I do not fully prove my request for independent status, this form may be denied and that all decisions are final.
- I understand that all information I provide will remain confidential.
- I am only completing the attached FAFSA form if I have not already filed one for 2008-2009.

SHU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.

**Estimated Resources/In-Kind Support**

- The FAFSA asks for the amount of money paid on your behalf in the Worksheet B portion of the application. Please complete the following table and signature area and return it to our office so we may verify your income.
- If you had income from *work* in 2007, please submit your W-2 statements.
- If you filed a federal tax return for 2007, please submit a signed copy of that tax return.
- If you have additional comments about your situation or income resources, please attach another sheet.

<b>2007 Student Income Resources</b> <b>If you received no income see the statement below*</b>	<b>Amount received for the year 2007</b>	<b>Source (i.e. Work, State, Parents, etc.)</b>	<b>2007 Student Expenses</b>	<b>Amount per month</b>
Income from work included on a W-2 statement	\$		Rent/Mortgage	\$
Rental income from properties	\$		Utilities	\$
ADC (including child care)	\$		Food	\$
Child Support/Alimony	\$		Automobile Payment	\$
Social Security Benefits	\$		Medical/Dental	\$
Food Stamps	\$		Clothing	\$
Subsidize Housing	\$		Insurance (Auto / Health)	\$
Pension	\$		Miscellaneous	\$
Unemployment	\$			
Worker's Compensation	\$			
Military Allowance	\$			
Other Income / Resources (How much others may have paid on your behalf for clothing, food, automobile payments or insurance, spending money, etc.)	\$			
Financial Aid (Loans, grants, scholarships, etc.)	\$			
<b>Total</b>	\$	XXXXXXXXXX	<b>Total</b>	\$

**By signing and submitting this document, I am certifying that I have had no financial support or assistance for the 2007 year. I have had nothing paid on my behalf and have been totally self-supporting. Certification: I (We) certify that the information above is true and accurate to the best of my (our) knowledge.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Primary Financial Supporter Signature Date Relationship