Dependency Override Request 2024-2025

Name	MCC Student Number
Address	Date of Birth
City State Zip	
Financial aid regulations, set by the Department of Education responsibility for contributing to the educational costs of stude who was born after January 1, 2001, not a veteran, not marrie orphan or ward of the court, and does not have dependents. understands there may be family situations that warrant a department of the court, and does not have dependents.	ents. A dependent student is one ed, not a graduate student, not an However, the Financial Aid Office bendency override for extreme
Please submit the following to the Financial Aid Office for con override:	sideration of a dependency
□ PERSONAL STATEMENT Explain why you should be considered independent. separation from your parents and the status of your r	
☐ SECONDARY LETTER Provide a letter from a relative or friend who is aware letter must state the writer's address, phone number, his/her account of the events that led to your separat nature of your relationship with your parents as he/sh	and relationship to you, along with ion from your parents, and the
□ PROFESSIONAL LETTER Provide a letter from a professional adult to verify the described in your personal statement. The letter mus company's letterhead. Professional adults include, b members, guidance counselors, teachers, doctors, fa professionals, and law enforcement officers.	st be signed, dated, and on his/her ut are not limited to, clergy
□ INCOME DOCUMENTATION Provide a certified Tax Return Transcript from the IRS Federal tax return, 2022 W-2 form(s), and/or proof of	
□ OTHER	

All information you provide will be held in the strictest confidence.

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