



**Office of Financial Aid**  
 5717 White Bluff Road  
 Savannah, GA 31405-5521  
 Fax: 912-443-4164

**Request for  
 Dependency Override  
 2019-2020**

ATTENTION: Information on this application will be collected and used to determine if you qualify for a Dependency Override. This request must be accompanied with documents as noted on this form. The Dependency Override is only valid for the Fall 2019, Spring 2020 and Summer 2020 Semesters **and must be reaffirmed each aid year**. The Dependency Override form and supporting documents must be submitted to the Financial Aid Office at least two-weeks prior to the start of the term. Please allow up to four weeks for review and consideration of documentation. All communications, including decision notifications, will be sent to your Savannah Technical College student email address. The decision of the financial aid administrator is final and may not be appealed to the U.S. Department of Education.

**Student Demographic Information** (Please print clearly):

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
Last First MI  
Street, Apt #, PO Box City State Zip

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

A Dependency Override requires a student to document unusual circumstances that make it inappropriate to expect a parental contribution for the student. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override.**

- Parents refusing to contribute to the student’s education;
- Parents are unwilling to provide information on the FAFSA or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

**You must answer the following questions:** (circle the correct answer)

1. Are you between the age of 22-23?	Yes	No
2. Do you communicate with your parent or parents in person, by phone, email, or text?	Yes	No
3. Do you live with a parent or relative? Please include in your written statement	Yes	No
4. Do you know where your parent(s) live?	Yes	No
5. Have you been a victim of family abuse that threatens your health and safety?	Yes	No

**Required Documentation:**

1. On a separate sheet you **must provide a written description** of your relationship with your parents, where and who you live with, and where your parents reside. If you answered **Yes** to question 5, please include a description of the family abuse and provide supporting documentation.
2. You must provide evidence of a **signed letter or an official document** such as a court order from **two third party sources** that are familiar with your unusual circumstances (i.e. teacher, counselor, medical authority, member of clergy, prison administrator, government agency, or court). Relatives are not acceptable.
3. **Tax Return or proof of Untaxed Income** for 2017 and 2018.



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Statement of Explanation

Provide a neatly written statement of explanation here or you may submit a separate typed statement. Be sure to sign and submit the Dependency Override form with the typed statement and include all supporting documentation.

Multiple horizontal lines for writing the statement of explanation.

By signing this form, I acknowledge that this information is true and accurate to the best of my knowledge. I also understand that if I give false or misleading information, I will lose financial aid eligibility and may be fined, jailed or both. I understand that the decision by the Financial Aid Department is final and there are no appeals to the U.S. Department of Education.

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

Financial Aid Office Use Only

Financial Aid Administrator: \_\_\_\_\_ Review Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

2nd Review based on Additional Required Documentation Received

Review Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Financial Aid Administrator: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_