



# Southwestern Michigan College

## 2021-2022 Dependency Override Appeal Form

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047  
Phone: 269.783.2143 Fax 269.783.2114 Email: [finaid@swmich.edu](mailto:finaid@swmich.edu)



Student Name _____	Student ID # _____
Street Address _____	
City, State, Zip _____	
Phone Number (including area code) _____	

### **PLEASE READ THE FOLLOWING CAREFULLY BEFORE PROCEEDING**

You are automatically considered to be independent and do not need to submit this form, if any of the following apply:

- You were born before January 1, 1998.
- You are a veteran of the U.S. Armed Forces\*.
- You were married as of the date you filed your original FAFSA for 2021-2022.
- You are an orphan or a ward of the court, or *were* a ward of the court until age 18.
- Someone other than your parent or stepparent has legal guardianship over you, or if you were in legal guardianship immediately prior to turning 18.
- You have any children who receive more than half of their financial support from you.
- You have dependents (other than your children or your spouse) that live with you, receive more than half of their support from you, and will continue to get that support through June 2022.
- You were considered homeless or at risk of being homeless by your high school, school district homeless liaison, or a director of an emergency shelter or transitional housing program.

#### **The Following are NOT acceptable reason to grant a student independent status:**

- **Student living at home (or with relatives) and paying rent.**
- **Student does not get along with parent(s) and (due to this) the parent(s) have recently stopped supporting the student.**
- **Student voluntarily chose to leave parent's home to become self-supporting.**
- **Parent(s)/Stepparent(s) refusing to contribute to the student's educational expenses.**
- **Parent(s) unwilling to provide information on the FAFSA, for verification, or not claiming the student as a dependent for income-tax purposes.**

To make a determination regarding your dependency status we will need a detailed written explanation and adequate supporting documentation that must be received in our office at least 30 days before the end of the current semester in which you are enrolled.

The Office of Financial Aid will review your appeal within 2 weeks. You will receive a communication indicating whether your appeal was approved. Submitting incomplete appeals will be reviewed as is and may result in an appeal denial.

\*You are considered a veteran for financial aid purposes *if* you have engaged in active duty in the US Armed Forces (Army, Navy, Air Force, Marines or Coast Guard) or as a member of the National Guard or Reserves who was called to active duty for purposes other than training, or were a cadet or midshipman at one of the service academies, **and** were released under a condition other than dishonorable. You are also considered a veteran for financial aid purposes if you are not a veteran now but will be by June 30, 2022.

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

Student ID#: \_\_\_\_\_

Please select (use checkbox) which scenario best aligns with your appeal and use the next page to finish the appeal process.

- A.** Your custodial parent has died and the other natural parent is still living. You, however, have not had contact with nor received any financial support from the living parent for a ***significant period of time***.

**Required Documentation:**

1. A signed letter from you explaining the situation in detail. (Use page 3 attached or type a letter).
2. A copy of the death certificate for the deceased custodial parent.
3. A signed letter from an objective third party which supports your claim that you have neither lived with nor received financial support from the non-custodial parent for a significant period of time.

- B.** There has been a major incident or incidents that have ***caused a permanent break*** in your family structure. The break may result from physical, sexual, or emotional abuse, or drug or alcohol addiction. In many cases, a professional counselor has counseled you to live apart from your parent(s).

**Required Documentation:**

1. A signed letter (on official letterhead) explaining the situation in detail from a minister, a social worker, a psychologist, a high school counselor, a teacher, a doctor, or another counseling professional.
2. A signed letter from you explaining the situation in detail. (Use page 3 attached or type a letter).
3. One or more of the following:
  - A signed letter, preferably from someone other than a relative or a friend (i.e., the parents of a friend of the student, a neighbor, an employer)
  - Police reports, court reports

- C.** Other unusual circumstances. Remember: Proving self-sufficiency and/or living on your own are not adequate reasons for changing the dependency status and will not be considered as an appealable circumstance.

**Required Documentation:**

1. A detailed written explanation, signed by you, submitted with substantiating documentation of other unusual circumstances not covered in #1 or #2 above. (Use page 3 attached or type a letter).
2. A signed letter (on official letterhead) explaining the situation in detail from a minister, a social worker, a psychologist, a high school counselor, a teacher, a doctor, or another counseling professional.

Please answer the following to help supplement your written summary regarding your appeal.

**1. When was the last time (when, where, and nature of contact) you interacted with your parent(s)/guardian(s)/stepparent(s)?**

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**2. Where do you currently live and with whom? For how long? How many locations (that can be verified by third parties) have you lived in the past year?**

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**3. How is your health insurance provided (check one)?**    Parent/Guardian        State/Other        Self

**4. Are you (not under a parent or guardian) receiving any state or federal assistance or benefits?**

**Yes    No    If yes, what kind?** \_\_\_\_\_

**5. Please provide a detailed explanation of the situation below. Explanation can be typed and attached.**

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**My signature below verifies that to the best of my knowledge all of the information provided with my appeal is complete and correct. I understand that I may be asked to provide additional documentation, and I agree to provide it if necessary for the completion of my appeal.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date