



2024-25 Dependency Override Appeal Form

Student's First Name	<input type="text"/>	WSU Student ID #	<input type="text"/>
Student's Last Name	<input type="text"/>	Phone Number	<input type="text"/>

Dependent students who do not meet the federal criteria for independent status as outlined on the FAFSA but who would like to have their unique family circumstances reviewed to determine if they qualify to be considered an independent student for financial aid purposes should submit this form. **Note:** If one of the following conditions applies to your status, DO NOT complete this form. Complete the form that applies to your status, which is available on our [website](#): (1) Orphan/Ward of the Court/Foster Care, (2) Emancipated Minor/Legal Guardianship, or (3) Unaccompanied Minor or Homeless Youth.

Qualifying circumstances for a dependency override

You may qualify for a dependency override if you are estranged from your parents due to abuse, abandonment, family substance use disorder, or other unusual circumstances beyond your control.

Third party documentation is required. Your appeal will be denied if compelling supporting documentation is not submitted.

Submit the Dependency Override Appeal Form and all required documentation **at minimum four to six weeks** before the start of the semester. Late submission may result in a loss of federal aid if the deadline to process aid eligibility for the semester has passed.

REQUIRED DOCUMENTATION

If we approved a Dependency Override for you in the past, you do not need to resubmit documents.

- 2024-25 FAFSA.** File your FAFSA online at studentaid.gov and use the WSU school code of 002329.
- ATTACH your Personal Statement**, which includes the following information:
 - A detailed explanation of your current relationship with **each** of your parents. If you are estranged from **one or both** of your parents, provide details of the circumstances that caused the estrangement.
 - The date on which you last spoke with **each** of your parents.
 - Where are you living? Do you live with someone other than your parents?
 - How are you paying for living expenses such as rent, groceries and utilities?
- ATTACH Supporting Documentation** that substantiates the reasons for your dependency override request. **For EXAMPLE:**
 - Documentation to confirm that a parent is deceased, institutionalized, or incarcerated.
 - Documentation confirming a protection/restraining order that prohibits you from having contact with your parents.
 - Other legal documentation that explains why parent information should not or cannot be obtained for your FAFSA.
 - Two signed letters** verifying the reasons for your dependency override request. These letters should come from responsible adults, e.g., high school or college counselor, social service agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc. They must verify the family circumstances you described in your personal statement. If the letters are from an outside office/agency, they must be on official letterhead stationery.

Note: You may be asked to supply verification of your income. Check the [Financial Aid Portal](#) in Academica often for any new requirements.

REQUIRED SIGNATURE: I certify that the information I have provided on all documents is true and complete to the best of my knowledge.

Student signature _____ (Signature must be handwritten with ink or stylus)

Date _____