



## 2020-2021 Dependency Override Request

**Student Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

A Dependency override request is reserved for students who have experienced an estrangement with their parent(s) that can be documented in detail by an independent third party as well as people who know the student's circumstances very well. Renewal of a previous year dependency override is not automatic. You must be able to document in writing that the situation has not changed from the prior year in order to be renewed. If you feel that your circumstances meet this category, please complete and provide all the required documentation.

**\*Period you began supporting yourself** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**\*Who do you live with?** \_\_\_\_\_ **from** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

**\*Provide a formal letter/statement outlining your dependency situation. Include information that supports your dependency status and request for dependency override for financial aid purposes. Statement must be signed and dated.**

**\*You must provide two (2) letters on official letterhead from an independent third party (i.e. teacher, social worker, minister, counselor, etc.) who can verify your independence from your parents. Letters must be signed and dated by third party and must include contact information for verification.**

**I certify that the above information provided to Fisk University Office of Financial Aid is accurate and complete.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**