2005 – 2006
Shepherd University Dependency Override Requirements

The Reauthorization of the Education Amendments of 1999 defines an independent student as one who:

- Were you born before January 1, 1982?
- At the beginning of the 2005-2006 school year, will you be working on a master’s or doctorate?
- As of today, are you married? (Answer “Yes” if you are separated but not divorced.)
- Do you have children who receive more then half of their support from you?
- Do you have dependents (other than your children or spouse) who live with you and receive more then half of their support from you, and through June 30, 2006?
- Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?
- Are you a veteran of the US Armed Forces?

If you do not meet any of the above criteria, you are considered a dependent student for financial aid purposes. The Department of Education considers your parent the party primarily responsible for funding your education, and your financial eligibility is based on your financial information and that of your parents.

The Department of Education does allow Financial Aid Administrators to use professional judgment when situations exist where extenuating circumstances prevent a student from being able to provide the necessary parental information. If you wish to appeal your dependent status, you must provide:

- A letter from the student explaining why he or she cannot provide parental data and how he or she supported him or herself since leaving the parent(s) home
- Two forms of written documentation verifying the “unusual situation” i.e.: abusive family environment, abandonment by parents, a statement on letterhead from a counselor, minister, or social worker will be acceptable
- Copies of the student’s 2003 and 2004 Federal income tax forms and 2003 and 2004 W2’s
- Copy of current pay stub
- Completed Free Application for Federal Student Aid Application
- Completed Independent Verification Worksheet
- Completed Dependency Override Application

When all of the above documentation has been submitted, the Financial Aid Office will review your situation and make a decision. This appeal form is subject to change without notice upon receipt of new Federal Regulations.
Dependency Override Application

Name_____________________________________________________
Student ID ___________________________________

EMPLOYER / INCOME INFORMATION

Employer’s Name: ______________________________________________________
Company: ____________________________________________________________
Address: ____________________________________________________________

Please answer the following questions:

1. What is the monthly amount of financial support you currently receive from your parents?
   $_________________

2. Please indicate the amount and the source of your annual income for 2003 and 2004 if you did not work (examples: monetary gifts from persons other than your parent, interest income)

   2003 $_______________        ____________________________________
          Source
   2004 $_______________        ____________________________________
          Source

If you do not work or do not have any other income, explain how you support yourself:
___________________________________________________________________
___________________________________________________________________

I do ___ do not ___ receive food stamps. If yes, monthly amount $__________.

If someone other than your parents claimed you as a dependent for tax purposes, explain:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, I may not be considered for financial aid. I have attached all requested documents.

Students Signature____________________________ Date________________________

Incomplete applications will be denied. You will be notified in writing of the Financial Aid Office’s decision. Please allow 10 business days for processing.

Return this form to:
SHEPHERD UNIVERSITY
Office of Student Financial Aid
PO Box 3210
Shepherdstown, West Virginia  25443-3210
Phone: 304-876-5470 / Fax: 304-876-5238
All forms available at www.shepherd.edu/faoweb

FOR FINANCIAL AID OFFICE USE ONLY
Approved_______  Rejected_______
Old EFC_______  New EFC_______
Date_____/_____/______
Initials_____________