



## **Financial Aid: Appeal to Dependency Status for 2025-2026 Award Year**

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The U.S. Department of Education determines each student's dependency status based on the information provided on the FAFSA. Students may submit an appeal to NRCC requesting that their dependency status be overridden, but such an appeal can only be approved in certain limited and exceptional circumstances. A previously approved dependency appeal will rollover to future academic years if the circumstances of the appeal do not change.

### **Appeal to Dependency Status**

An appeal to your dependency status may be warranted if an unusual, mitigating circumstance exists between you and your parent(s). This cannot be based on whether your parent(s) want to complete the form or want to provide you with the help to pay for college expenses (see bottom of page). It must be based on an unusual circumstance. Possible reasons that might warrant an appeal to your dependency status are listed below:

1. Your parent(s) is/are incarcerated.
2. Your parent(s) live(s) in a war-torn country, and you are unable to communicate/correspond with them.
3. Your parent(s) is/are mentally incapacitated.
4. You are estranged from your parent(s) because of an abusive relationship.
5. Other mitigating circumstances as documented by the applicant.

### **Instructions for Requesting a Dependency Override**

1. Complete the current FAFSA at <https://studentaid.gov> without parental information, electronically sign and submit the FAFSA. If your appeal is approved, the dependency override will be performed electronically by the school updating the FAFSA to reflect the dependency status change.
2. Provide a personal typed statement that clearly explains the circumstances regarding your request for independent status. Please include the names of each parent, the date, location, and reason for your last contact with your parent(s) and the method of contact (person, phone, email, social media etc.). If both biological parents are living, and you have not been adopted by someone else, you must include this information for each biological parent.
3. Provide two statements from an objective third-party professional who can confirm your circumstances. This should be from a clergy member, counselor, social worker, lawyer, court, police officer, physician etc. typed on their official letterhead and physically signed. If they are unable to provide the statement on letterhead, please include their business card with the statement. If you are unable to get documentation from someone in a professional capacity, you may provide notarized statements from two (2) individuals who have no material interest in the case who can confirm your circumstances. Additional documentation or statements may be required if there is any reason to question the documentation provided.
4. Complete the information on the back of this form. You may be requested to provide your most recent tax returns and/or W-2s.

**The Financial Aid Office may request additional information from you before a decision is made.**

Please note that the following reasons are NOT appropriate basis for an appeal of your dependency status:

- Parents refuse to contribute to the student’s educational expenses.
- 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.
- A student demonstrates total self-sufficiency.

Student Name: \_\_\_\_\_ NRCC Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Whom do you live with at the present time? \_\_\_\_\_

**Parental Information**

What is your father’s current marital status? Please circle one:

Single    Separated    Married    Divorced    Widowed    Unknown

What is your mother’s current marital status? Please circle one:

Single    Separated    Married    Divorced    Widowed    Unknown

Mother’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother’s Address: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father’s Address: \_\_\_\_\_

**My signature certifies that the information in this appeal is true and correct and that I am providing an accurate description of my personal situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.**

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