



Columbia College Financial Aid Office Dependency Override Eligibility and Form

Columbia College ~ 11600 Columbia College Drive ~ Sonora, CA 95370
Last Name A-L: browninl@yosemite.edu Last Name M-Z: bartelsc@yosemite.edu

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents) are considered the primary source of support for postsecondary education.

However, there are situations where a student may have an unusual circumstance in which they should be considered independent. In such cases, the student can complete the Dependency Override form and attaching a personal letter summarizing their situation in detail (remembering to include supporting documentation) and a signed letter from a third party professionals (i.e. minister, social worker, school counselor or teacher, physician, therapist, prison administrator, or law enforcement officer) who is aware of your situation and can certify the facts that you are presenting.

Circumstances given consideration:

- Student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety.
- Student suffered verifiable/documented parental abuse and contact with the parent would put the student in danger emotionally and physically.
- Incapacity of parents(s) due to incarceration or institutionalized.
- Other extenuating circumstances that can be documented such as abandonment by parents or student being unable to locate his/her parents.

NONE of the conditions listed below qualify as unusual or merit a dependency override;

- Parents refuse to contribute to the student's education.
- 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.
- Student does not live with his/her parents or has been supported by other relatives or friends.
- Student demonstrates total self-sufficiency.

All requests must be documented and show that all financial and emotional contact with your parents has been severed as a result of an unusual circumstance. Each Dependency Override will be reviewed by the Director of Student Financial Services and approved or denied based upon the student's individual extenuating circumstances and documentation that was provided. All decisions are final and not subject to higher appeal.

Note: Being considered independent does not automatically make you eligible for more financial aid.

**COLUMBIA COLLEGE -
DEPENDENCY OVERRIDE FORM
2024-2025**

Student's Name _____ Student ID: _____

Address _____
Street City State Zip Code

Phone Number _____ Date of Birth _____

1. What is your parents' current address?

Parent 1 Address _____ ☐ Check if unknown

Parent 2 Address _____ ☐ Check if unknown

2. When is the last time you:

a. Had contact with →

Parent 1 _____ / _____
Month Year

Parent 2 _____ / _____
Month Year

b. Lived with your →

Parent 1 _____ / _____
Month Year

Parent 2 _____ / _____
Month Year

c. Received support from →

Parent 1 _____ / _____
Month Year

Parent 2 _____ / _____
Month Year

3. Explain your current living arrangements, whom do you live with, since when, and how much rent you pay each month. _____

4. Explain how you support yourself and meet your living expenses such as rent, groceries, and utilities. _____

5. Have you previously been approved for a dependency override? ☐ Yes ☐ No

If yes at what college and when: _____

Additional Required Documentation:

1. Attach a personal statement with this form explaining the circumstances of your family situation. Your personal statement must include the following:
 - A detailed explanation of your current relationship with each of your parents. If you are estranged from you parents, provide a detail account of the circumstances which led to the estrangement. Please include the dates of the incidences in you statement.
 - When was the last time that you spoke with you parents?

2. Submit supporting documentation to substantiate the reasons for your dependency override request. This documentation may include but is not limited to:
 - Documentation that your parent is deceased, institutionalized, or incarcerated.
 - Documentation confirming that there is a protective/restraining order that prohibits you from having contact with your parents.
 - Other legal documentation that would explain why parental information should not or cannot be obtained for your financial aid.
3. Submit a signed letter from a third party professional (i.e. minister, social worker, school counselor or teacher, physician, therapist, or law enforcement officer) who is able to verify your situation and can certify the facts that you are presenting. The letter should be submitted on letterhead from the person's place of employment and include their full address and phone number. Letters from other students and/or friends are not considered an independent third party and will not be accepted.

I certify that the information provided is true and correct and may be used to override federal regulations regarding my dependency status. I understand that if I move back with my parents, resume contact, or receive any kind of support from them, I must report this to the Financial Aid Office **immediately**. I authorize the Financial Aid Office to contact the third party professional and verify all information provided by myself and them. I understand that false or misleading information will be cause for denial or repayment of financial aid and that reporting such false or misleading statements may result in fines or imprisonment or both.

Student signature

Date

=====

FOR OFFICE USE ONLY: Based upon professional judgment, this petition has been

Approved ☐

Denied ☐

Comments: _____

Financial Aid Administrator Signature

Date

**COLUMBIA COLLEGE
FINANCIAL AID OFFICE
DEPENDENCY OVERRIDE REQUEST**

THIRD PARTY PROFESSIONAL CERTIFICATION

STUDENT'S NAME: _____			
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Social Security or Student ID #</i>

Student's Instructions:

Your Dependency Override Request must be verified and documented by a third party professional who is aware of your situation and can substantiate the facts you present. Examples of such persons include a high school counselor, teacher, social worker, clergy, physician, lawyer, or family therapist. Give this form to this individual who will need to attach a separate letter addressing, in detail, the specifics of your case.

THIRD PARTY CERTIFICATION:

The above named student has applied for financial aid at Columbia College and has indicated to our office that he/she is unable to provide us with parent information due to extraordinary family circumstances.

Please attach a separate letter of documentation (on letterhead) and provide a statement regarding your knowledge of the student's family history and the relationship with his/her parents. The following is a list of information that must be included:

1. What is your professional relationship to the student?
2. How long have you known the student?
3. What is your knowledge of the relationship between the student and parents?
4. When is the last date, to your knowledge, the student lived with his/her parent(s)?
5. Also include: your professional title, name and type of business, business address and phone number, and whether you are available for a telephone conversation.

Return this form with your letter of documentation to the student or mail directly to:

Columbia College Financial Aid Office, 11600 Columbia College Drive, CA 95370.

Fax: 209.588.5391