



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC22OVR

2022/2023
DEPENDENCY OVERRIDE APPLICATION

Financial aid regulations mandate that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the financial aid regulations, your aid eligibility is determined by using parental income and asset information in addition to your own. Dependent students are required by law to provide parental information and signatures to be considered for financial aid. The federal government recognizes that under very limited circumstances (for example, your parents are incarcerated; you have left home due to an abusive family environment; or you do not know where your parents are and are unable to contact them), you may be able to submit your FAFSA without parental information. Simply living apart from your parents (within the US or not) is not grounds for a Dependency Override.

THIS INFORMATION MUST BE UPDATED ANNUALLY

The financial aid review committee will review your appeal and documentation and make a final determination to approve/deny the appeal. Please note that completion of this form or a previously approved dependency override at WSU or at another institution does not guarantee a change in your dependency status at WSU for 2022/2023.

You must submit a written appeal addressing and attaching each of the following items – SUPPORTING DOCUMENTATION MUST BE ATTACHED:

1. A clear statement of any extenuating personal circumstances to support your appeal for a dependency override.
2. Identify the location of both parents.
3. Describe the last time you had contact with each of your parents – when, where, and the nature of the contact.
4. Documentation to support your appeal. (i.e. letter from social services, counselor, doctor, etc.)
5. Document your living arrangements from January 2019 through today.
6. Signed copies of federal tax returns for both you and your parents for tax years 2019, 2020, 2021.
7. Document who provides your health insurance.
8. Document your current living situation.
9. Document how you currently support yourself.

I certify that the information provided in this appeal is true and complete:

Student Signature _____ Date _____

For Office Use Only:

Approved per professional judgment
Initials: _____ Date: _____

Denied