Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400 Fax: (618) 252-3062
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2021-2022 Dependency Override Request

Section A- Student Information (Please print clearly)

Last Name	First Name	M.I.	ID #

Street Address	City	State	Zip Code

What you should do:

1. Complete this entire worksheet. You must provide ALL required documentation, and the form must be SIGNED.
2. Please submit all documents at the same time as this form.
3. Please make sure to include your ID# on all documents.

If you are planning to attend Southeastern Illinois College during the 2021-2022 academic year and would like to be considered an independent student for financial aid purposes, you must submit a typed letter explaining in detail the dire circumstances between yourself and your parent(s). Per federal regulations, a parent's unwillingness to provide their financial data, a student's living arrangement, or the student's ability to support themselves financially do not constitute grounds for a student to be considered independent. **Approval of this appeal is not automatic or guaranteed. Appeals are considered on a case-by-case basis.**

Section B- Dependency Override Documentation

I have attached the following documentation **(please check all):**

☐ A typed letter explaining in detail the dire circumstances between yourself and your parent(s).
   1. Identify the location of both your parents.
   2. Describe the last time you had contact with each of your parents- when, where, and the nature of the contact.
   3. Explain why you cannot obtain parental information.
   4. Describe how you have been self-supporting: a) When did you start meeting your expenses without parental support, and b) how have you provided for yourself? (attach a current pay stub).

☐ Signed letters (on agency letterhead) from at least three professionals (i.e. high school counselors, therapist, clergy, police) verifying your situation.

☐ Appropriate documentation (i.e. court papers, police reports, documentation from social services agencies) verifying the circumstances mentioned in the appeal.

☐ Copies of the student's signed Federal Tax forms for the previous two years (2019 and 2020).

☐ Copies of the student's W-2 form(s) from the previous two years (2019 and 2020).

Please continue on back →

Section C- Income and Expense Information

INCOME	**Current Calendar Year**	**Next Calendar Year**
Earned Income (e.g. wages, salaries, tips)	**$**	**$**
Financial Support (cash) received from parent/guardian	**$**	**$**
Monetary value of any other support (e.g. health insurance, room & board) received from parent/guardian	**$**	**$**
Monetary value of other support (e.g. room& board) other than parent/guardian (include source)	**$**	**$**
Amount of other annual income (indicate source)	**$**	**$**
TOTAL	**$**	**$**

EXPENSES	**Current Calendar Year**	**Next Calendar Year**
Housing	**$**	**$**
Food	**$**	**$**
Transportation (e.g. car payments, insurance, gas, maintenance)	**$**	**$**
Utilities	**$**	**$**
Child care and/or dependent care	**$**	**$**
Personal (e.g. clothing, entertainment)	**$**	**$**
Other (indicate source)	**$**	**$**
TOTAL	**$**	**$**

Section D- Certification and Signature

Your request will be reviewed by the Director of Financial Aid, and our office will notify you of the decision in writing.

I certify that the information provided in this petition is true and correct: I understand that if my petition is approved, I must meet with the Financial Aid Director each year prior to filing a FAFSA.

Student Signature Date Phone Number