



Paris Junior College

2026-2027 Request for Unusual Circumstances

DEPENDENCY OVERRIDE

_____ Last Name	_____ First Name	_____ M.I.	_____ Student ID#
_____ Address			_____ Primary Contact #
_____ City	_____ State	_____ Zip Code	_____ Email

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 based on the principle that students (and their parent) are considered the primary source of support for postsecondary education. Since you do not meet the federal definition of an independent student, you must provide documentation that demonstrates unusual circumstances that makes it unreasonable to expect parental data on your FAFSA application. Please complete this dependency override request and return it to the Financial Aid Office with all supporting documentation required. Due to the sensitive nature of this type of information, please be assured that any information you share will remain confidential. **Requests are processed as quickly as possible but may take up to 4-6 weeks during peak periods and are reviewed on a case-by-case basis.**

The following situations **DO NOT** qualify as reasons for requesting a dependency change:

- Student demonstrates total self-sufficiency.
- Parents are unwilling to provide information on the application or verification.
- You do not live with your parents.
- Your parents do not claim you on their federal or state tax forms.

Check all that apply to your unusual circumstances:

- Abandonment (your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown)
- Abuse (physical, Mental, sexual abuse, or other forms of domestic violence)
- Incarceration or Institutionalization (mental and/or physical illness)
- Unsuitable household (removed from household and placed in foster care and/or CPS custody)
- Death (custodial parent is no longer living, and you do not have contact with or receive any support from your other parent)
- Other circumstances that can be sufficiently documented

Please follow the steps below to be considered for a Dependency Override. Your request will not be processed unless ALL requirements are met.

1. Attach a typed, detailed personal statement explaining reason(s) for this request, your relationship with both parents (biological or adoptive, whichever is applicable) including timeline of events, current living arrangements and how you support yourself.
2. Attach documentation that supports your request:
 - Legal documentation (i.e., police/incident reports, court orders, Child Protective Service (CPS) documentation, proof of incarceration or institutionalization, death certificate, asylum, or refugee status, etc.) **AND**
 - At least two (**2**) statements by relevant third parties that confirm the relationships with your parents. A relevant third party should be a professional. Such as clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is not considered an acceptable third-party.

NOTE: If you do not have legal documentation and are unable to obtain professional references, please clearly address the circumstances in your personal statement as to why there is no supporting documentation.

3. **Return all documents to our office in person or email in PDF format to finaid@parisjc.edu**



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Student Name: _____

Student ID# _____

Parent 1 Name: _____

Phone: _____

Address: _____

Are you in contact? · Yes · No

Parent 2 Name: _____

Phone: _____

Address: _____

Are you in contact? · Yes · No

When were you last in contact with your parent(s)? _____
Describe the nature of that contact:

Did anyone claim you on their 2024 taxes? YES/NO 2025 taxes? YES/NO
If yes, provide name and relationship to you: _____

Are you employed? Yes NO If not, how do you support yourself?

What is your current living arrangement (who do you live with)?

I am requesting consideration for a Dependency Override at Paris Junior College. I certify that I have no contact with my parent(s) or contacting my parent(s) poses a risk. I request consideration to be an independent student for financial aid purposes due to a breakdown in my family structure caused by abuse, neglect, or abandonment.

I certify that the information on the form is true and correct. I understand that purposely falsifying information may lead to the cancellation of my financial aid and may prevent me from receiving future financial aid. I also understand that any falsification found will be reported to the Department of Education and the Attorney General's Office, and I may be prosecuted to the full extent of the law. **Handwritten signature is required. Electronic, typed or font signatures are not acceptable.**

Student Signature

Date

For Financial Aid Office Use Only:	Date: _____
Outcome: _____ Eligible for Dependency Override _____ Not Eligible for Dependency Override	
Comments: _____	
