

The University of Montana Western

Dependency Override Request Form

PLEASE PRINT:

Student's Name: _____ SSN: _____

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____ Cell #: _____

If you believe that you have an unusual situation that would make you an independent student even though you do not meet the federal definition of an independent student for financial aid purposes, you must complete this form. Be specific and complete.

Please attach documentation and necessary materials to support your claim.

Your request will be reviewed with regard to Federal Title IV Regulation. You will be notified of our decision via letter. If you have questions regarding this form, please contact our office, 406-683-7511.

1. Please fill in contact information for your parents:

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

Phone # _____

Phone # _____

If you are unable to provide the above information, please explain:

2. Do you have health insurance?

_____ Yes

_____ No

If Yes, who provides your health insurance: _____?

Who pays for this health coverage: _____?

3. Please describe the last time you had contact with your parent(s). Be specific as to time, place, and the nature of the contact.

(over)

4. Explain what unusual situation should make you an independent student. (Please note that parents' unwillingness to provide income information does not, according to Federal Regulation, constitute grounds for a dependency override.)

5. Tell us how you have been able to support yourself. Include information regarding where you currently live, how you pay for food, clothing, cell phone, transportation etc.

6. When did you begin supporting yourself without the help of your parents?

7. Attach three (3) letters from individuals who are aware of your situation. The letters cannot be from a friend or relative. Examples of an acceptable individual are landlord, clergy, counselor, social worker, teacher, employer, or medical authority.

Indicate the Name, Address, Job Title and relationship to you for the individuals providing letters:

1.

2.

3.

SIGNATURE:

Student: _____ Date _____

I certify by my signature that the above information is true and correct. **I further understand that providing false or misleading information to the Financial Aid Office can result in fines, up to \$20,000 and repayment of funds, imprisonment or both by the Office of the Inspector General.**

FINANCIAL AID OFFICE USE ONLY:

Decision _____
Date _____