



2018-2019 Dependency Override Appeal

**** PLEASE COMPLETE USING BLACK OR BLUE INK ONLY! ****

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Student's Last Name	First Name	MI	HGTC ID

Financial aid regulations assume 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 definition, your aid eligibility is determined by using parent information in addition to your information. Dependent students are required by law to provide parental information and signature to be considered for financial aid. Congress has established criteria that automatically classify a student as independent. If you meet at least one of the following criteria, you are considered an independent student: Born before January 1, 1995, a veteran of the Armed Forces, enrolled in a graduate or professional degree program (beyond a bachelor's degree in 2018-19), an orphan or ward of the court, or a ward of the court until age of 18, considered an "unaccompanied youth" by a local agency, are married, or have children or dependents (other than a spouse) who receive more than half of their support from you.

Occasionally, due to unusual circumstances, students should not be considered as dependent. If you can document why you should be considered independent you may petition for a waiver of federal regulations requiring parental information.

NOTE: None of the conditions below, alone or in combination, qualify as unusual circumstances or merit a dependency override:

- 1. Parents refuse to contribute to the student's education**
- 2. Parents are unwilling to provide information on the application or for verification**
- 3. Parents do not claim the student as a dependent for income tax purposes**
- 4. Student demonstrates total self-sufficiency.**

******Please COMPLETE the entire form. ******

Please complete the following and provide the required documentation.

- 1.** If you have not already filled out a 2018-19 FAFSA, Please complete it online at www.fafsa.ed.gov or submit a paper copy of the 2018-19 application; you may download a printable version from www.fafsa.ed.gov. For questions and assistance, please call 1-800-433-3243.
- 2.** Fill out and submit with this Dependency Override application
- 3.** Fill out and submit the 2018-19 Verification Worksheet (www.hgtc.edu, under financial aid forms)
- 4.** Submit a signed copy of your 2016 federal tax transcript. The transcript can be ordered from www.irs.gov or call 800-908-9946. If you didn't file taxes, please provide a notarized statement of support from the individual(s) who supported you, and/or documentation of other assistance (food stamps, social security, etc).

5. Please list the full name and address for each of your parents.

Mother _____ Telephone _____

Address _____

Father _____ Telephone _____

Address _____

A. Are **BOTH** of your parents incarcerated or institutionalized? _____ **YES** _____ **NO**

Required documentation: Copy of your birth certificate and a letter from a warden, sheriff or other public official certifying your parent's incarceration or Institutionalization.

B. Have you ever been involved in a case of abuse against your parents? _____ **YES** _____ **NO**

Required documentation: Certification from a licensed human service provider documenting the abuse and stating you are in imminent danger if a relationship is maintained with parent(s).

6. **On a separate piece of paper, write a letter detailing the relationship between you and your parents.**

Please know this information is considered strictly confidential. If HGTC *approved* a Dependency Override for you last year, your letter (and those below) can be a simple update of any changes in your relationship with parents since last year.

7. **Provide statements from two people who are aware of your situation.** These statements must be attached to this form and need to *describe your relationship* with your parents. At least one statement must be from a professional (examples include high school and professional counselors, social workers, teachers, police, lawyers and religious leaders). Copies of appropriate court documents also are acceptable. Please provide the following information about the person providing statements:

Name	Phone Number	Relationship
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(Professional) _____

(Other) _____

8. I certify that the information provided on this form is true and complete to the best of my knowledge. I authorize the HGTC Financial Aid office to contact the person's named above for additional or clarifying information

*I have included my 2016 tax transcript (or low income form if did not file taxes) and the verification worksheet

*Attached is *my* statement and statements from the two individuals listed above.

Student's Signature

H#

Date

*Horry Georgetown Technical College
Financial Aid Office
P.O. Box 261966, Conway, SC 29528-6066
1-855-544-HGTC (4482) Fax (843) 347-2962*