

Financial Aid Office 300 Spirit River Dr. S Cambridge, MN 55008 OR

Financial Aid Office 11200 Mississippi Blvd. NW Coon Rapids, MN 55433

Phone: 763 – 433 – 1500

2019-2020 Petition for Dependency Status Override

Name		Stu.ID	ARCC Email	@my.anokaramsey.edu
	I am petitioning the Financial Aid Office	to change my status fro	om dependent to independent and waive pare	nt information.
y FEDE	RAL LAW the following conditions a	are NOT ACCEPTAB	LE for consideration for a Dependency	/ Status Override:
2	 Parents are unwilling to provide information. Parents refuse to contribute to child's etc. Student demonstrates self-sufficiency at the sufficiency at the sufficien	ducation.	orovide documentation for verification information.	tion.
HE STUE	DENT MUST COMPLETE AND SUBMIT to	his signed document,	along with the Requested Documentation	as detailed below:
☐ Yo	our custodial parent has died and the received any financial support from		nt is still living. You however, have neith significant period of time.	ner had contact with nor
Request	ted Documentation:			
•	Letter from you explaining the estrangen A copy of the death certificate for the de			
•		nird party (legal counsel,	, counselor, clergy) which supports your claim	ı that you have neither
	our family situation is unsafe. This is	the result of physical	abuse, emotional abuse, or substance al	buse.
Request	ted Documentation:			
•	Letter from you explaining the unusual c Two letters (on official letterhead) explai	ning the situation in deta	n in detail. ail from separate objective third-party <i>individu</i> dror, lawyer, or another counseling profession.	
☐ Ot	ther. You were previously married a	nd now are divorced	l/widowed, you are estranged from par	ents, etc.
Request	ted Documentation:			
•	Letter explaining why you believe you sh Supporting documentation such as copy Must show self-sufficiency (income, bills	of divorce decree, deat	ependent. th certificate, or letters (min. of 2) from third pa	arty individuals.
I certify th	hat all of the information stated in the letters att	ached concerning my requ	uest for a status change from dependent to indeper	ndent is true and complete.
Student Signature			Date	
		OFFICE US	E ONLY	
Appro	oved			
☐ Pendi	ing/Denied			
inancial A	Aid Administrator		 Date	