

## Office of Financial Aid

50 Sunset Lane Paxton, MA 01612

**Phone:** (508) 849-3366 **Fax:** (508) 849-3735 **Email:** financialaid@annamaria.edu

## 2024-2025 Dependency Override Requist Form

You indicated on your 2024-2025 FAFSA that you are experiencing unusual circumstances that prevent you from providing parent information on the FAFSA. Please answer all questions below to the best of your ability and return this form with all supporting documentation to the Financial Aid Office at Anna Maria College.

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Student Name:	Student ID:	

1. Please briefly describe the unusual circumstances you are experiencing that prevent you from including parental information on your 2024-2025 FAFSA:

2.	When was the last time you had contact with your mother/parent 1/legal guardian?			
	Please describe the nature of your most recent interaction below:			
3.	When was the last time you had contact with your father/parent 2/legal guardian?			
	Please describe the nature of your most recent interaction below:			
4.	Are you currently employed?			
	☐ YES ☐ NO  If yes, please list your current employer and start date for your employment below:			
	If no, please list your main source of income or financial support below:			
5.	Do you rent/own an apartment/home in your name?			
	□ YES □ NO			
	If no, please describe your current living situation below. If you are currently residing on campus, indicate where you live when you are not living at AMC:			

6. I will provide the	ne following supporting documentation (select all that apply)
	urt order or official federal/state documentation that my parent(s) or legal ardians are incarcerated in any federal or state penal institution
liv vid	written statement from a child welfare agency, tribal welfare agency, independent ing case worker, or a public or private agency, facility, or program servicing the ctims of abuse, neglect, assault, or violence (including domestic violence) ocumenting my unusual circumstance
	written statement from an attorney, a guardian ad litem, or a court-appointed ecial advocate documenting my unsusal circumstance
cir	written statement from a TRIO or GEAR-UP representative confirming the specific cumstances and documenting the representative's relationship myself (the udent)
	cuments such as utlity bills or health insurance that demonstrate separation from rent(s)/guardian(s)
□ Ot	her:
an	o not have any of the supporting documentation described above; I need to set up interview with a Financial Aid Administrator to document my situation and will ntact <a href="mailto:financialaid@annamaria.edu">financialaid@annamaria.edu</a> or 508-849-3366 to make an appointment
file. Submission of thi be considered an inde	at we will not be able to process your request without adequate documentation on s form and supporting documentation does not guarantee that you will qualify to ependent student for financial aid purposes. Approvals are at the discretion of ased on the information provided by the student on this form and submitted ration.
I certify that all inform my knowledge and be	nation provided form and on my supporting documentation is true to the best of elief.
Student Signature:	Date: