

Student Signature

Office of Financial Aid

26000 SE Stark St, Gresham OR 97030

Date

FinAid.Mail@mhcc.edu

Phone: 503.491.7262 Fax: 503.491.7379

Dependency Override Appeal

Student Name:	MHCC ID Number:	Award Year:
The Department of Education determines stu of a student's support. Clear guidelines are parents for financial aid eligibility or whether to provide parent income information on the	given to help determine whether a studer they are considered dependent. If you are	nt is to be considered <i>independent</i> of a <i>dependent</i> student, but are unable
Please review all of the information below required documentation or your request w of Financial Aid via email, fax, or mail (see o	ill NOT be reviewed. Requested documen	
Submission of this appeal does not guarant reviewed regularly and you will be notified o of your Dependency Override Appeal. **Onto	f the result by a Financial Aid Advisor. Ple	ease allow up to two weeks for review
A. ELIGIBILITY FOR DEPENDENCY The Office of Financial Aid at MHCC m circumstances.	OVERRIDE hay override dependency status on a case-b	by-case basis for students with unusual
 Unusual circumstances DO include: Abandonment by parents An abusive family environment that health or safety Inability to locate or contact your parents 	 Parents refuse t Parents are unw FAFSA or for v Parents do not of tax purposes 	nnces DO NOT include: to contribute to your education willing to provide information on the verification claim you as a dependent for income te total self-sufficiency
•	ircumstance such as those described above mentation (BOTH DOCUMENTS REQUI	ve, you may appeal your dependency
identifying your current means of su Third party documentation verifyi official documentation, such as a significant description.	ing your situation. This may be a signed le gned court order. Acceptable third parties ministrator, social worker, lawyers, governon. this appeal and accompanying documenderstand that any false statement or real, state or institutional financial	tter on professional letterhead or other include a teacher, counselor, medical ament agency, or court. The third party ntation is complete and accurate to misrepresentation may be cause for aid. I also agree to provide