

# STUDENT FINANCIAL SERVICES

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UNIVERSITY

## 2015 - 2016 DEPENDENCY OVERRIDE APPEAL

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

Federal financial aid regulations assume a student's family has primary responsibility for meeting the educational costs of a student. If you are a dependent student, as defined by the Free Application for Federal Student Aid (FAFSA), you are required by law to provide parent information on the FAFSA. Your aid eligibility is determined by using your parents' income and asset information in addition to your information.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. If you cannot provide this information for an unusual reason, you may petition for a waiver of the federal regulations. Please include each of the following items in your letter of petition.

1. Identify the location of both your parents.
2. Describe the last time you had contact with each of your parents: when, where, and the nature of the contact.
3. Explain why you cannot obtain parental information.
4. Describe how you have been self-supporting: when did you start meeting your expenses without parental support, what has been your living situation since you became self-supporting, **and** how have you provided for yourself?
5. Provide signed and dated statements from two responsible adults who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, or police officers. **At least one statement must be from someone who is not a relative or friend.**
6. Please indicate the name, address, phone number, job title, and relationship to you for each of the people providing supporting statements.

A. \_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_

**By signing this verification statement, I attest that all information reported on this form and in attached statements is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.**

Student Signature	Date	Phone	Email
OFFICE USE ONLY			
Approved per Professional Judgment committee based on unusual circumstances			_____ Initials
<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____ Date