



2026-27 Appeal for Dependency Override Form

Student Name _____ Student ID# _____

Appeal Guidelines:

You must clearly demonstrate an **involuntary dissolution** of the family due to death, imprisonment, abandonment, documented abuse (physical/emotional/drug/alcohol), or mental incapacity to be considered independent for financial aid purposes.

If you believe that your situation warrants a special review, **you must be prepared to demonstrate** that you are self-sufficient and be able to document why your parent(s) should not be required to contribute to your education.

Initial Request:

Please check reason for request:

_____ Severe circumstances exist within family, including death of parent after FAFSA was filed.

_____ Divorced after being married for at least one year, maintained residence separate from parent(s) during marriage and continue to do so now.

_____ Extenuating circumstances which prevent you from having contact with parent(s)

Required Documentation:

- Submit the 2026-27 FAFSA online at <https://studentaid.gov>
- Write a personal letter requesting consideration for independent status which outlines your extenuating circumstance. Your signed and dated letter must include:
 - Why you cannot provide parental financial information on the 2026-27 FAFSA
 - The whereabouts of your biological/legal mother and father and their current living arrangements. Please include any contact you have had with either and the frequency of contact.
 - Your living arrangements over the past year.
 - With whom did you reside? Who provided financial support during the past year?
- **Third party documentation is required.**
Include documentation to support your appeal for independent status; examples include:
 - court orders of permanent status
 - death certificates
 - verification of incarceration
 - At least two letters from **adult professionals** who can verify your family circumstances. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers, law enforcement or court officers, and professional staff associated with Child Protective Services. The statements must include his/her relationship with you and what he/she has witnessed with regards to your situation with your parent(s). It must be signed by that individual, and a telephone number must be included as to where he/she can be reached for further questions.
 - If you live alone, you must also provide documentation such as tax return transcripts, lease agreement, and/or utility statements, etc., to demonstrate your ability to support yourself.

- Did anyone claim you on their 2024 and/or 2025 Federal Income Tax return? If so, please state who and their relationship to you. _____

Affirmation and Certification:

By signing this document, I certify that all information contained on this form is true and accurate. Providing inaccurate or false information may result in the denial, reduction, withdrawal and/or repayment of financial aid. **I also understand that I may submit only one request per academic year and the decision of the Financial Aid Office is final.**

Student Signature

Date

Phone Number

Email

Federal guidelines stipulate the following conditions DO NOT merit a dependency override:

- Parental refusal to contribute to the student's education.
- Parent unwillingness to provide information on the FAFSA or verification documentation.
- Parent does not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency/does not reside with parent(s)

Please return **all documentation and this completed form** to:

Financial Aid Office
Neumann University
1 Neumann Drive
Aston, PA 19014-1928
Fax: 610-558-5652

Please note – If the FAFSA has been selected for verification, all required documentation must be submitted to the Financial Aid Office prior to this review.
