



Southwestern Michigan College

2018-2019 Dependency Override Appeal Form

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047
Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



Student Name _____	Student ID # _____
Street Address _____	
City, State, Zip _____	
Phone Number (including area code) _____	

You are automatically considered to be independent and do not need to submit this form, if any of the following apply:

- You were born before January 1, 1995.
- You are a veteran of the U.S. Armed Forces*.
- You were married as of the date you filed your original FAFSA for 2018-2019.
- You are an orphan or a ward of the court, or *were* a ward of the court until age 18.
- Someone other than your parent or stepparent has legal guardianship over you, or if you were in legal guardianship immediately prior to turning 18.
- You have any children who receive more than half of their financial support from you.
- You have dependents (other than your children or your spouse) that live with you, receive more than half of their support from you, and will continue to get that support through June 2019.
- You were considered homeless or at risk of being homeless by your high school, school district homeless liaison, or a director of an emergency shelter or transitional housing program.

Proving self-sufficiency and/or living on your own are not adequate reasons for changing the dependency status and will not be considered as an appealable circumstance. However, if there is a severe and complete severance of the relationship between parents and student, SMC **may** be able to consider you an independent student. To make this determination we will need a detailed written explanation and adequate supporting documentation that must be received in our office at least 30 days before the end of the current semester in which you are enrolled.

If one of the circumstances listed **on the next page of this form** applies to you, please check the correct letter, attach required documentation and return all documents, including this form, to:

Southwestern Michigan College
Financial Aid Office
58900 Cherry Grove Road
Dowagiac, MI 49047

Or you may fax them to (269) 783-2114

The Director of Financial Aid will review your appeal within 2 weeks. You will receive a letter indicating whether your appeal was approved. Incomplete appeals will be returned without being reviewed.

*You are considered a veteran for financial aid purposes *if* you have engaged in active duty in the US Armed Forces (Army, Navy, Air Force, Marines or Coast Guard) or as a member of the National Guard or Reserves who was called to active duty for purposes other than training, or were a cadet or midshipman at one of the service academies, **and** were released under a condition other than dishonorable. You are also considered a veteran for financial aid purposes if you are not a veteran now but will be by June 30, 2015.

Student Name _____ Student ID # _____

- A.** Your custodial parent has died and the other natural parent is still living. You, however, have neither had contact with nor received any financial support from the living parent for a significant period of time.

Required Documentation:

1. A signed letter from you explaining the situation in detail. (Use page 3 attached)
2. A copy of the death certificate for the deceased custodial parent.
3. A signed letter from an objective third party which supports your claim that you have neither lived with nor received financial support from the non-custodial parent for a significant period of time.

- B.** There has been a major incident or incidents that have caused a break in your family structure. The break may result from physical, sexual, or emotional abuse, or drug or alcohol addiction. In many cases, a professional counselor has counseled you to live apart from your parent(s).

Required Documentation:

1. A signed letter (on official letterhead) explaining the situation in detail from a minister, a social worker, a psychologist, a high school counselor, a teacher, a doctor, or another counseling professional.
2. A signed letter from you explaining the situation in detail. (Use page 3 attached)
3. One or more of the following:
 - A signed letter, preferably from someone other than a relative or a friend (i.e., the parents of a friend of the student, a neighbor, an employer)
 - Police reports
 - Court reports

- C.** Other unusual circumstances. *Remember: Proving self-sufficiency and/or living on your own are not adequate reasons for changing the dependency status and will not be considered as an appealable circumstance.*

Required Documentation:

1. A detailed written explanation, signed by you, submitted with substantiating documentation of other unusual circumstances not covered in #1 or #2 above. (Use page 3 attached)
2. A signed letter (on official letterhead) explaining the situation in detail from a minister, a social worker, a psychologist, a high school counselor, a teacher, a doctor, or another counseling professional.

My signature below verifies that to the best of my knowledge all of the information provided with my appeal is complete and correct. I understand that I may be asked to provide additional documentation, and I agree to provide it if necessary for the completion of my appeal.

Student's Signature

Date

