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2025-2026 Dependency Override Application

Student Name	ctcLink Student ID #

Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to extremely unusual circumstances, students **cannot** obtain parental information. If you cannot provide this information for some unusual reason, you may submit this form to have your circumstances reviewed for consideration of independent student status.

Please be aware that the following circumstances are **NOT** considered viable reasons for independent status:

- You do not reside with your parents.
- Your parents refuse to pay for your college education.
- Your parents do not claim you on their tax return.
- Your parents are not financially able to pay for your college education.
- Your parents are not willing to complete the parent section of the FAFSA.
- You do not rely on your parents for support, financially or otherwise.

Submit all required forms and documents to the Financial Aid Office at the campus you attend. Your petition will not be reviewed until **all** of the required documentation is received.

- DO NOT leave any questions or requested information unanswered. Petitions with incomplete statements or missing letters of support will NOT be reviewed.
- Responses must be typed on a separate sheet of paper.

DOCUMENTATION REQUIRED

- 1. On a separate sheet of paper, type your answers to each of the following four questions. Be sure to respond to each question in its own section (paragraph). **Title each section with the question you are answering.**
 - a. Identify the location of both of your parents.
 - b. Describe the last time you had contact with each of your parents (when, where and the nature of the contact).
 - c. Explain why you *cannot* obtain parental information.
 - d. Describe how you have been self-supporting (when did you start meeting your expenses without parental support and how have you provided for yourself?).

2.	Attach typed statements from two respons	sible adults who are aware of your situation and can speak	
	to the information you have presented (fan clergy, etc.). References should specifically	nily members, school officials, social services agency officia address what they know regarding your situation.	
	either or both of these individuals. Statem	at you have written are not sufficient. We may contact ents from other students and/or friends will not be or these two individuals below. Contacts must reside at	
	difference addresses.		
	Name (First Reference)	Name (Second Reference)	
	Job Title	Job Title	
	Address	Address	
	Telephone	Telephone	
	Relationship to you	Relationship to you	
ADDITI	ONAL INFORMATION		
indicate (00379	es you are filing without parent information	propriate Circumstances flag on your FAFSA that Be sure to include Skagit Valley College's school code will receive a summary of your data and a notification	
Please	Note: If independency is granted, it is valid a	t Skagit Valley College <u>only</u> .	
REVIEV	V PROCEDURES		
	· · · · · · · · · · · · · · · · · · ·	he Financial Aid Department to determine if the information lecision has been made, you will be notified via email.	эn
_	rally takes three to four weeks to review a n on your request may take longer.	nd process your request. During peak processing periods,	, a
unders	tand that this information will be used to de	is true and correct to the best of my knowledge. I termine my eligibility for a dependency override and that enial, termination, and/or repayment of financial aid funds.	•
	tand that submitting this form electronically as a re and my certification that the information prov	n email attachment using my SVC email account constitutes my ided herein is complete and correct.	
Once com submissio		ount, to <u>financial.aid@skagit.edu</u> . Note: this email address is for document	
Signatu	ire	Date	
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	SVC FINANCIA	Rev. May 2025 L AID OFFICE USE ONLY	,

 \square Request Approved \square Request Denied \square Pending

INITIALS

& DATE:

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