The Department of Education considers you a dependent student until the age of 24 unless any one of the following situations applies to you:

- You are married
- You will be working on a master’s or doctorate program at the beginning of 2015-2016 school year
- You have children who receive more than half of their support from you
- You have dependents (other than your children or your spouse) that live with you and receive more than half of their support from you, now and through June 30, 2016
- You are an orphan or a ward of the court or were in foster care
- You are a veteran of the U.S. Armed Forces
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training
- You are an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless

If you do not meet at least one of the conditions listed above and you were born after January 1, 1992 you are considered a dependent student for financial aid purposes and you must provide your parent(s) financial information on the Free Application for Federal Student Aid (FAFSA).

Federal guidelines, in some cases, allow schools to exercise “Professional Judgment” in overriding a student’s dependency status in certain situations where the relationship between you and your parent(s) has been compromised in a serious and ongoing way. Examples of this include, but are not limited to, where you have experienced verbal or physical abuse, abandonment, or where your physical or emotional welfare is jeopardized by continued contact with your parent(s). The information you supply in this form is kept confidential and any documentation you provide can be returned to you upon your request.

To request an override of your dependency status you must submit the following to Cloud County Community College:

- A letter explaining your circumstances and your current living situation
- A letter from a teacher, counselor, medical professional, social worker or clergy who can verify your situation
- Court documentation and/or police reports
- A copy of your most recent Federal Income Tax Return Transcript or the No or Low Income Form
- 2015-2016 V1 Standard Verification Worksheet (available at the Financial Aid Office or online @www.cloud.edu in the Financial Aid section)
Check here if you have been approved for a Dependency Override during the previous year. If this applies to you and your situation has not changed from last year please submit an updated statement regarding your situation.

When was the last time you had contact with your parent(s)? ________________________________

When was the last time your parent(s) provided any form of support? ________________________________

Did your parent(s) claim you on their federal tax returns in any of the years listed below?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2015</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Will they claim you on their federal tax return in 2015?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently employed?  Yes  No  If Yes-Monthly Wages:$______________

Please provide the Name, Address and Phone Number of your current employer:
___________________________________________________________

Do you have other sources of income?  Yes  No  If Yes, please explain below:
___________________________________________________________

Are you paying rent?  Yes  No  If Yes, how much do you pay monthly? $______________

Please provide the name, address and phone number of the person to whom you pay rent:
___________________________________________________________

___________________________________________________________

If your Dependency Override is approved, it will be valid for one year only at Cloud County Community College and only for the academic year for which the override is approved.

If you choose to attend another college, that college must conduct its own review to make an exception. The other college is not bound by the decision the Cloud County Community College Financial Aid Office has made. Override requests must be renewed each year.

I certify that the above information is true to the best of my knowledge
___________________________________________________________

Student Signature  Date

Please note: All reviews of override requests are done on a case-by-case basis. Since each case is unique, additional information may be requested in some circumstances. Please feel free to attach a statement if you feel there is further information that will help the Financial Aid Office staff when reviewing this.

Office Use Only:  □ Approved  □ Denied  □ Need Further Information

Reviewer Signature: ___________________________  Date: ___________________________