



HINDS COMMUNITY COLLEGE

P.O. BOX 1100 • RAYMOND CAMPUS • RAYMOND, MISSISSIPPI 39154-1100

Office of Financial Aid

Office Use Only __ - __ School Year
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Request for Dependency Status Override

Student's name

SSN/ID#

Mailing Address

Phone#

City, State Zip

A student, who does not meet the requirements listed on the FAFSA (Free Application for Federal Student Aid) for an independent student, may request to be evaluated as an independent student if they have special or unusual circumstance(s). The student will be required to provide documentation of any special or unusual circumstance(s) to the Financial Aid Office.

Please check documentation you are providing:

- 3 letters explaining family situation from pillars of the community (ex. Pastor, counselor, etc)
- Incarceration Papers
- Death Certificate
- Other: _____

Please explain your situation/circumstance:

CERTIFICATION: All of the information provided by others and me (the student) on this form and attached documentation is true and complete to the best of my knowledge. If asked, I agree to give any additional proof of special or unusual circumstance or provide an explanation of why specific information cannot be provided. I understand that to be considered for a dependency override, I must provide **ALL** detailed information requested. I also understand that the determination of this request is **FINAL** and **CANNOT** be appealed.

Student's Signature

Date

STOP OFFICE USE ONLY

FA Advisor's Signature: _____

Financial Aid Advisor's Com _____

PROFESSIONAL JUDGEMENT RECOMMENDATION

APPROVED

DENIED

Signature

Date

COMMENTS:
