

COMPLETE AND RETURN TO:

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STUDENT AID & SCHOLARSHIPS REQUEST TO APPLY FOR FINANCIAL AID WITHOUT PARENTAL INFORMATION

DEPENDENCY OVERRIDE

Name	e:SSN/EMPL ID#:
Email	Address:Phone:
Occasi can de	al aid regulations assume that the family has primary responsibility for meeting the educational costs of students. ionally, due to extraordinary circumstances, students cannot obtain parental information. Complete this form if you emonstrate a compelling reason for excluding parental information on your 2023-2024 Free Application for Federal and (FAFSA). You will be contacted for an appointment after your paperwork is reviewed.
REASC	ONS FOR OVERIDE REQUEST: Please check one that applies to you and provide documentation to
	ort your claim. All information will be kept confidential and will only be used to determine your
	ndency status for financial aid purposes.
	Incarcerated Parent(s): Custodial parent is in prison and you do not have contact with them. Submit a copy of jail or court paperwork.
	Abuse: Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, and verbal or substance abuse. Submit a copy of your court or police paperwork.
	Parental Abandonment: Your parent(s) whereabouts are unknown or you cannot readily reach them. You have not had contact with your parent(s), they did not claim you on their most recent income tax return, and they have not provided you with any emotional or financial support (including health or auto insurance coverage) for an extended period of time.
	Legal Emancipation: You have been granted legal independence from your parents by the courts. Submit a copy of your court paperwork.
	<i>,</i>
	A. Letter certifying you have been deemed eligible for services thru the McKinney-Vento Homeless Assistance Act.

- **B.** A signed personal statement from you, the student, describing the history of your relationship with both parents. Include step-parents if applicable. Whenever possible, provide specific examples of the events that led to the breakdown in your relationship with your parents. Your statement must also include the following: Where and with whom you lived from the time you stopped living with your parents through now; and Who provided your financial support from the time you stopped living with your parents through now? If you didn't receive any financial support from others, explain how you supported yourself (i.e. job, financial aid, food stamps, etc.). AND
- C. Two letters of support from parties who are aware of your relationship with your parent(s) by providing specifics about your family situation. The letters of support must include the person's signature, phone number and capacity in which they know you. Examples of such persons would include clergy, social workers or other social service personnel, court officials (or copies of court documents), teachers or high school counselors and police officials. At least one statement must be from someone who is NOT a relative or friend and must be on official agency or company letterhead.
- Custodial Parent Deceased: If your custodial parent has passed away. Submit a copy of their death certificate and a signed personal statement from you.

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I certif	y that the information provided in this request is true and correct:
	re:Date:
	k Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity status, religion, or age in its programs and activities.
OR OFFI	CE USE ONLY: Approved Denied Denied
Comme	nts:
A&SO	Signature:
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