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| CPTC Logo | **COMPLETE AND RETURN TO:**4500 Steilacoom Blvd. SW Bldg. 17, Room 130Lakewood, WA 98499-4004; finaid@cptc.edu**School Code: 015984**253.589.5660 office 253.589.5618 faxEmail: finaid@cptc.edu |

# STUDENT AID & SCHOLARSHIPS

# REQUEST TO APPLY FOR FINANCIAL AID WITHOUT PARENTAL INFORMATION

# DEPENDENCY OVERRIDE

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/STU ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Federal aid regulations assume that the family has primary responsibility for meeting the educational costs of students. Occasionally, due to extraordinary circumstances, students cannot obtain parental information. Complete this form if you can demonstrate a compelling reason for excluding parental information on your 2024-2025 Free Application for Federal Student Aid (FAFSA). You will be contacted for an appointment after your paperwork is reviewed.*

**REASONS FOR OVERIDE REQUEST: Please check one that applies to you and provide documentation to support your claim. All information will be kept confidential and will only be used to determine your dependency 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.
* **Homeless or At Risk of Homelessness:** You are not living in the physical custody of a parent or guardian and you lack fixed, regular, and adequate housing. You have been deemed eligible for services thru the McKinney-Vento Homeless Assistance Act.

***Documentation:***

1. Letter certifying you have been deemed eligible for services thru the McKinney-Vento Homeless Assistance Act.

**OR**

1. 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**

1. 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.

STUDENT STATEMENT:

**I certify that the information provided in this request is true and correct:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or **Section 504/disability coordinator** Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

**FOR OFFICE USE ONLY:** Approved [ ]  Denied [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SA&SO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_