CLOVER PARK
TECHNICAL COLLEGE

COMPLETE AND RETURN TO:
4500 Steilacoom Blvd. SW Bldg. 17, Room 130
Lakewood, WA 98499-4004
Phone: 253.589.5660 Email: finaid@cptc.edu
School Code: 015984

STUDENT AID & SCHOLARSHIPS
Dependency Override

Name: _____ STU ID: _____
Last First
Email Address: _____Phone: _____

Federal aid regulations assume that the family has primary responsibility for meeting the educational costs of students who are under 24, unmarried, without children, and not in the military. 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 2026-2027 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. Submit at least two statements of support.
- ☐ **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 through the McKinney-Vento Homeless Assistance Act. Provide the following documentation:
  - **A.** Letter certifying you have been deemed eligible for services through the McKinney-Vento Homeless Assistance Act. **OR**
  - **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.

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 Sarah Addington, Assistant Director of Student Disability Services, 253-589-5755, sarah.addington@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: _____