



LAWRENCE UNIVERSITY
APPLETON, WISCONSIN

Financial Aid Office

711 E Boldt Way

Appleton, WI 54911

Phone: (920) 832-6583 | Fax: (920) 832-6582

financial.aid@lawrence.edu

2024-2025 LAWRENCE UNIVERSITY DEPENDENCY OVERRIDE

STUDENT NAME _____

Lawrence ID or D.O.B _____

Date of Birth: _____

Email Address: _____

Address: _____

2024-2025 FAFSA Status: **Already Filed FAFSA** **Have Not Filed FAFSA**

General Information for Requesting a Dependency Status Override

The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. A student who does not meet the federal criteria for independent status on the 2024-2025 Free Application for Federal Student Aid (FAFSA) may submit this form, along with supporting documentation, if they believe that unusual circumstances exist for granting them a dependency status override.

Per Federal Regulations, the following situations, in and of themselves, DO NOT automatically qualify a student as independent for financial aid purposes:

- **Parents refusal or unwillingness to contribute to your education**
- **Parents not claiming you on their tax return**
- **Not living with parents**
- **Demonstrating student self-sufficiency**

INSTRUCTIONS

To be considered for a dependency override, you must provide the information listed below, which will be held in the strictest confidence. Override requests will not be considered until all required information has been received.

- Personal Statement by Student** - On a separate page, tell us in your own words about your situation. Include detailed descriptions of the events, and approximate dates of those events, that led to your independence from your family. Explain your current living situation and method of support.
- Third Party Statement** - Attach a statement signed and dated from a third party (e.g. counselor, social worker, medical provider, or other professional) summarizing your unusual circumstances and knowledge concerning your relationship with your parent or parents.
- Additional Supporting Documentation (Optional)** - Attach a copy of any relevant supporting documentation (e.g. court documents, legal documents, medical documents, or police reports).

AFFIRMATION STATEMENT

My signature below indicates the information on this form and supporting documents, if included, are true and accurate to the best of my knowledge.

Please reach out to our office if you are not able to provide a handwritten signature. We will provide details on an alternative way to sign this form.

Signature: _____ **Date:** _____

Return completed form to the Lawrence University Financial Aid Office.

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911