



## 2024-2025 Dependency Status Appeal Form

Mount St. Mary's University  
16300 Old Emmitsburg Road  
Emmitsburg, MD 21727  
301-447-5207  
301-447-5915 (FAX)  
financialaid@msmary.edu

Federal regulations for the FAFSA define the criteria that you must meet in order to be considered an independent student. However, dependent students with unusual circumstances may appeal to the Office of Financial Aid for a dependency override. A dependency override would allow the student to be considered an independent student (for financial aid purposes only) and exempt the student from providing parental data on their FAFSA.

### Dependency Override Policy

Annually, and on a case-by-case basis, the Office of Financial Aid may permit a dependency override for otherwise dependent students with unusual circumstances.

*Conditions which **qualify*** for a dependency override include students, under the age of 24, who cannot rely on parental support from either parent because each parent meets one of the following criteria:

#### Exceptional circumstances may include, but are not limited to:

- The student has been a victim of an abusive family environment (e.g., sexual, physical or mental abuse)
- Student has been a victim of domestic violence and no longer resides with parents
- Abandonment by parents (i.e. no contact with parents or support for at least one year)
- Incarceration or institutionalization of both parents
- Death of both parents (and death of only parent in single parent household)
- Parental drug or alcohol abuse

#### The following conditions **DO NOT** merit a dependency override:

- Student demonstrates total self-sufficiency
- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA
- Parents do not claim the student as a dependent for income tax purposes
- Student does not communicate with parents

*Students who are unaccompanied and are homeless or self-supporting and at risk of being homeless are encouraged to complete the Unaccompanied Homeless Verification Form, instead of the Dependency Status Appeal Form.*

### Dependency Override Process

Students must complete and return the Dependency Status Appeal Form and supporting documentation to The Mount by **February 15, 2025**. Appeals will be reviewed on a case-by-case basis and all information will be kept confidential. The submission of an appeal does not guarantee appeal approval.

Upon receipt of a Dependency Status Appeal Form and supporting documentation, the Office of Financial Aid will review the student's circumstance and documentation. Students with unusual circumstances that qualify for a dependency override will be deemed an independent student for the aid year.

The Office of Financial Aid will notify students via the email listed on the FAFSA with the result of their Dependency Status Appeal Form. Students who have their appeal approved will be required to complete the FAFSA verification process, and additional documentation may be requested.

Student name: \_\_\_\_\_ ID:#

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Current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student cell phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Student other phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**I. 2024-2025 FAFSA (Free Application for Federal Student Aid)** Please indicate your FAFSA filing status (check one):

I **have filed** my 2024-2025 FAFSA and listed Mount St. Mary's University

I **have not filed - but I will file** my 2024-2025 FAFSA and will list Mount St. Mary's University (002086). Mount St. Mary's University can not process an appeal with a FAFSA being completed.

**II. Unusual Circumstance and Requested Documentation**

*\*Appeals can only be reviewed with a completed form and required documentation\**

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Parent 1	Parent 2	Circumstance	Requested Documentation
<i>For each parent (ex: biological or adoptive) check the appropriate unusual circumstance and provide the requested documentation.</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Parent is deceased	A copy of the parent's death certificate
<input type="checkbox"/>	<input type="checkbox"/>	Parent is incarcerated or location is unknown	Documentation that verifies the parent is incarcerated and lists the parent's anticipated release date
<input type="checkbox"/>	<input type="checkbox"/>	Unusual parental circumstance	A written statement from a third-party professional or an adult (not a relative) that knows the student's current situation

**III. Please attach a written detailed explanation of your exceptional circumstances.**

Your signed and dated statement must include:

- Your relationship with your biological or adoptive parents (mother and father)
- Specific dates of events that caused your separation from your parents
- Where you have lived since separating from your parents
- Your sources of income and how you have supported yourself while living apart from your parents
- Information about who provides healthcare and car insurance, and cell phone plan for you.

#### IV. Student Income and Expense

Please complete the expense and income chart listed below. If the answer is "0" write it in the space. Do not leave any fields blank.

Expenses		Income	
Student	2023 Monthly Expense	Student	2023 Monthly Income
\$	Housing	\$	Gross wages
\$	Utilities	\$	Social Security
\$	Car Payment/Insurance	\$	Welfare Benefits
\$	Gas or transportation	\$	Food Stamps
\$	Groceries	\$	Housing allowance
\$	Telephone/Cell Phone	\$	Support from others
\$	Personal (clothes, soap, etc.)	\$	Other income
\$	Other payments	\$	
\$	<b>TOTAL</b>	\$	<b>TOTAL</b>

Expenses		Income	
Student	2024 Monthly Expense	Student	2024 Monthly Income
\$	Housing	\$	Gross wages
\$	Utilities	\$	Social Security
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\$	Gas or transportation	\$	Food Stamps
\$	Groceries	\$	Housing allowance
\$	Telephone/Cell Phone	\$	Support from others
\$	Personal (clothes, soap, etc.)	\$	Other income
\$	Other payments	\$	
\$	<b>TOTAL</b>	\$	<b>TOTAL</b>

Check here if you were living with someone in 2023 who paid for your living expenses (i.e. housing, food, utilities, etc.). Complete the information below to show where and with whom you lived during 2023-2024.

Name	Relationship	Dates lived with

#### V. Certification Statement

- I certify that the information I provided on this form, and all accompanying documentation, is true to the best of my knowledge.
- I understand that the Office of Financial Aid reserves the right to contact third-party professionals who provided supporting documentation.
- I agree to submit additional documentation should the Office of Financial Aid make such a request.
- I understand my appeal could be denied.
- If my appeal is approved, I will be subject to the FAFSA verification process.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only			
<input type="checkbox"/> PJDEPO	Submit to Review	Complete	Date:
<input type="checkbox"/> PJDEPD	Initials: _____	Initials: _____	
	Date: _____	Date: _____	