Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

2025-2026 Appeal for Dependency Override

Student's Name: _____ Student's ID#: _____

Phone Number: _____ Date of Birth: _____

Federal regulations (Public Law 102-325, Sec. 480 (d) require that the Financial Aid Officer consider parent information and expect parent contribution for students unless the student meets one of the following conditions:

1. Is 24 years old or older by December 31 of the current award year,
2. Is married as of the date he/she applies,
3. Is currently serving on active duty for purposes other than training,
4. Is a veteran of the U.S. Armed Forces,
5. Has children and/or dependents other than a spouse who will receive more than half of their support from you during the award year,
6. At any time since you turned age 13, both parents were deceased, were in foster care, or were a ward of the court,
7. Is an emancipated minor or is was in legal guardianship as determined by a court in your state of legal residence,
8. Was determined at any time since July 1, 2024, to be an unaccompanied youth who was homeless or self-supporting, and at risk of being homeless as determined by:
    a. Your high school or school district homeless liaison,
    b. The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or
    c. The director of a runaway or homeless youth basic center or transitional living program.

The parent's unwillingness (versus inability) or refusal to assist the student *cannot* be grounds for a dependency override. The Financial Aid Office may be able to override your dependent status only if unusual circumstances existed that made it impossible for you to have reasonable contact with your parents. If your family situation involves extenuating circumstances sufficiently documented, you may request a review of your dependency status by submitting:

1. A personal statement describing the relationship between you and your parents and the specific reasons you are unable to secure their cooperation in completing the parent information section of your Free Application for Federal Student Aid (FAFSA).
2. At least one statement on **official letterhead paper** from an external (third party) source who can document, verify, and support your situation (e.g., social workers, counselors, clergy members or teachers).

_____ _____ _____
Student's Signature Print Name Date

RETURN THIS FORM ALONG WITH OTHER REQUIRED DOCUMENTATION TO HASKELL FINANCIAL AID OFFICE.

FOR OFFICE USE ONLY

Dependency Override Outcome: Semester_____ Denied_____ Approved _____

Financial Aid Officer Signature _____ Date_____

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CIRCUMSTANCE AND PERSONAL STATEMENT

When was the last time you lived with your parent(s)? Month/Year _____
When was the last time you had any contact with your parent(s)? Month/Year _____
When did your parent(s) last provide any form of financial support? Month/Year _____

Please attach additional sheets if space is needed for any of the questions below.
As clearly as possible, explain your present living arrangements.

_____
_____
_____

How do you financially support yourself and your living expenses?

_____
_____
_____

Please explain and provide documentation for your exceptional circumstance(s). Be sure to describe in detail the relationship between you and your parents.

_____
_____
_____
_____
_____
_____
_____
_____
_____

CERTIFICATION

I certify that the information I have provided regarding my request is true, complete, and accurate to the best of my knowledge. I understand this information will be used to document my request for a dependency override and submit corrections to my FAFSA. By signing this application, I agree, if asked to provide information that will verify the accuracy of my request. I understand that if I purposely give false or misleading information in connection with my application for federal student aid, I may be fined, sent to prison, or both.

I understand that if I move back with my parent(s) or receive any kind of parental support, I must report this to the office of Financial Aid immediately.

_____ _____
Student Signature Date

FOR OFFICE USE ONLY

Dependency Override Outcome: Semester_____ Denied_____ Approved _____

Financial Aid Officer Signature _____ Date_____