

OFFICE OF FINANCIAL AID

PALATKA CAMPUS 5001 ST. JOHNS AVENUE PALATKA, FL 32177-3807 | (386) 312-4040

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SIRstate.edu

EQUAL OPPORTUNITY/EQUAL ACCESS COLLEGE

UNUSUAL CIRCUMSTANCES REQUEST FORM (for possible Dependency Override) 2024-2025

| udent's Full Name | Student's Phone Number | Student ID Number |
|--|--|---|
| meeting educational co financial aid definition, information in addition circumstances to be cor documented abandonn | gulations assume that a student's family hasts. If you are considered a dependent student aid eligibility is determined using parto your information. However, there may assidered. Some of the qualifying circumstates and documented parental drug use, documentional abuse, severe estrangement fro | udent according to the federal rent income and asset be compelling unusual ances are, but not limited to, umented parental mental |

If you feel you have unusual circumstances and want to be considered for Dependency Override that would allow you to receive financial aid as an independent student, please follow the outlined steps submitting the following information with this form to the Financial Aid Office:

- I. **FAFSA**: Complete the FAFSA prior to submitting the form.
- II. **Personal Statement**: In your own words, write a letter explaining the reason(s) for your request. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following information:
 - a. The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
 - b. Why you cannot provide parental information on the Free Applications for Federal Student Aid (FAFSA).
 - c. Your living arrangements over the past year(s); who have you lived with and who has provided financial support for you?

- III. Letters from individuals/agencies that can verify your situation. Their letters should provide as much detail as possible describing details as to how the person knows you, how long they have known you and how they have been involved and/or have first-hand personal knowledge of your situation and your separation from your parents. These letters include but are not limited to the following:
 - a. Signed letters from agencies on letterhead (e.g. high school counselors, physician, social worker, licensed therapist, clergy, police or other individuals who has been involved in the circumstances in a professional capacity) verifying your situation.
- IV. Additional documentation that can verify your situation. This includes but not limited to the following possible describing your separation from your parents. These letters include but are not limited to the following:
 - a. Court papers, police reports, documentation from social services agencies, etc.

Submit this completed form along with documentation to the Financial Aid Office at any Campus location

| (addresses are on the first page). The earliest this form can be submitted is June 1, 2024. The DEADLINE for submitting the form is April 1, 2025. The Director of Financial Aid (or designee) will review all requests on a case-by-case basis. You will be notified of the results. | | | |
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| By initialing I am certifying that all information submitted in this requunderstand that all documentation is subject to verification by the Financial submitted documentation is forged, tampered with, or otherwise fraudulen disciplinary action in accordance with Federal and State laws and/or college Conduct Code. | Aid Office. In cases where at I may face criminal and/or | | |
| Student Signature | Date | | |

^{*}Please be advised that submission of incomplete or unsigned documents will delay processing.