



2026-2027 Appeal of Unusual Circumstances (Dependency)

This form allows you to request special consideration of your dependency status for financial aid purposes for the 2026-2027 award year. Although you may not meet the requirements to be considered independent according to the Free Application for Federal Student Aid (FAFSA®) or the Alternative Application for Illinois Financial Aid, you may submit this form if you believe your particular circumstance warrants further evaluation.

Student Information (Please print clearly)

Last Name	First Name	M.I.	E-mail
Street Address	City	State	Zip Code

A dependency override is granted when a financial aid administrator exercises professional judgment and overrides the criteria for a dependent student to provide parent information on the FAFSA® or Alternative Application for Illinois Financial Aid. An override allows the student to be considered an independent student for financial aid purposes. You may qualify for a dependency override if you have special circumstances including, but not limited to: parental abandonment or estrangement, parent incarceration, an abusive family environment that threatens your health or safety, or other unusual circumstances beyond your control.

Please note that the following circumstances are **not** approved reasons for a dependency override:

- You do not reside with your parents;
- Your parents are unwilling to provide their information;
- Your parents refuse, or are financially unable, to pay for your college education;
- Your parents do not claim you as a dependent on their taxes;
- Your parents live in another state or country;
- You have the ability to support yourself.

The Financial Aid Office requires supporting documentation before a decision can be made. Please see the documentation requirements on the reverse side of this form for more information. While the Financial Aid Office has the authority to change your status if your circumstances and documentation justify doing so, it is not required to grant your request. The decision of the Financial Aid Office is final, and neither the U.S. Department of Education nor the Illinois Student Assistance Commission will consider appeals to change dependency status.

Reason for Your Appeal

Please select the reason(s) listed below that apply to your unique situation:

- | | |
|---|--|
| <input type="checkbox"/> Incarcerated parent(s) | <input type="checkbox"/> Victim of Human Trafficking |
| <input type="checkbox"/> Physical, Mental, or Emotional abuse | <input type="checkbox"/> Legally granted Refugee or Asylum status |
| <input type="checkbox"/> Unsafe Home Environment | <input type="checkbox"/> Custodial Parent Deceased |
| <input type="checkbox"/> Parental Abandonment or Estrangement (no communication with parents) | <input type="checkbox"/> You were in Foster Care, Orphan, or Ward of Court |
| | <input type="checkbox"/> |

Required Documents

Documentation is required to support your appeal and must be submitted with this form.

1. **You must submit a detailed, signed and dated personal statement that clearly explains your unique and/or special family circumstance.** The statement must describe your relationship with your (biological or adoptive) parents, even if it is non-existent, and provide as much detail as possible describing your separation from your parents. To avoid delays in considering your situation, address both parents.

2. **In addition to your personal statement, you must provide additional supporting documentation.** Review the following options, indicate which method(s) you are using, and attach the documentation.

- ☐ Legal documentation -- Examples include: police reports, court reports, documentation from a social services agency, or a copy of a death certificate.
- ☐ Statements from at least two third-party adult professionals -- Examples include: social workers, mental or medical health professionals, church or religious members, school guidance counselors, coaches, or teachers. Letters should be on official letterhead and should explain the situation in detail regarding your relationship with both your (biological or adoptive) parents. Each letter must include the individual's name, title/position, address, phone number, e-mail address, signature and date.
- ☐ Statements from at least two objective parties -- Examples include: an adult relative or neighbor, parent of a friend, an employer, or a supervisor. The letters should be from people who have firsthand knowledge of your situation and are able to confirm the circumstances you described in your statement regarding your relationship with both your (biological or adoptive) parents. If you were raised by a family member or another person who is not your parent, a statement may be provided from that person. Each letter must include the individual's name, title/position, address, phone number, e-mail address, signature and date.

Certification and Signature

I certify the information provided on this form and any attached statements or documents are true, complete, and accurate. I understand that purposefully providing false information could result in a reduction or repayment of aid, and/or denial of future appeals. If I cannot provide the appropriate required documentation to support an independent status, I understand that I will be evaluated as a "dependent" student and required to provide parental income and asset information when completing the Free Application for Federal Student Aid (FAFSA®) or Alternative Application for Illinois Financial Aid.

Student Name: _____ Student Signature: _____

Dominican ID Number: _____ Date: _____

Please note: Typed signatures are not acceptable and will require that this form be returned to you for an "actual" signature.

Please ensure that all documents are labeled with your name and Student ID Number.

***Please use our secure transfer link to securely upload and submit documentation online.
<https://securetransfer.dom.edu/filedrop/financialaid>***