

Student Signature

## Office of Financial Aid

26000 SE Stark St, Gresham OR 97030

Date

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## **Dependency Override Appeal**

Student Name:	MHCC ID Numbe	r: Award Year:
If you have unusual circumstances that prever you may be eligible for to be considered for a dependency status on a case-by-case basis for information would not be required to determine	dependency override. The Ostudents with unusual circum	ffice of Financial Aid at MHCC may override astances. If approved, this means your parent
appeal and any supporting documentation to the appeal does not guarantee a change of dependent	he Office of Financial Aid (so lency status or an increase to al Aid Adviser. Please allow	e eligible to appeal. Please submit the completed ee contact information above). Submission of this your award. Appeals are reviewed regularly and up to two weeks for review of your Dependency
<ul> <li>A. ELIGIBILITY FOR DEPENDENCY OF Unusual circumstances DO include:         <ul> <li>You left home due to an abusive or the transport of transport of the transport of transport o</li></ul></li></ul>	hreatening environment; from your parents; d are separated from your l in a foreign country; g; s are incarcerated, and e a risk to you; or	<ul> <li>Unusual circumstances DO NOT include:</li> <li>Parents refuse to contribute to your education</li> <li>Parents are unwilling to provide information on the FAFSA or for verification</li> <li>Parents do not claim you as a dependent for income tax purposes</li> <li>You demonstrate total self-sufficiency</li> </ul>
status by submitting the following docum  A typed personal letter of explanati identifying your current means of sup  Third party documentation verifying official documentation, such as a sign authority, clergy member, prison admishould be familiar with your situation.  I certify that all information reported in the	entation (BOTH DOCUMEN on describing your unusual coport. ng your situation. This may be ned court order. Acceptable to inistrator, social worker, lawy n.	ircumstance as related to BOTH parents and e a signed letter on professional letterhead or other hird parties include a teacher, counselor, medical yers, government agency, or court. The third party ng documentation is complete and accurate to
	state or institutional finan	tement or misrepresentation may be cause for acial aid. I also agree to provide additional of Financial Aid.