

2025-26 Dependency Override Request Form

Student ID #	
Last Name	
First Name	
Date of Birth (mm/dd/yyyy)	
Telephone #	

Note: Use student's legal name, not nicknames (i.e. Robert- not Bobby, Bob, Robby, or Rob)

Complete this form if you do not meet the federal criteria to be considered independent for financial aid purposes but can demonstrate compelling reasons for excluding parent information on your 2025-26 Free Application for Federal Student Aid (FAFSA). Submit this completed form and all supporting documentation requested in Section B or C to WSC Financial Aid using the preferred method below.

Mail or Drop off: Williston State College • Financial Aid Office • 1410 University Ave. • Williston, ND 58801
 Scan and email: wsc.financialaid@willistonstate.edu
 Fax: 701-774-4211

If you have questions about the dependency override process or how to complete this form, contact Financial Aid by phone at 701-774-4248 or by email at wsc.financialaid@willistonstate.edu. Please allow two weeks for your information to be reviewed. You will be notified through your WSC email account when a decision has been made.

Please mark the option that applies to you.

- ☐ **Override Renewal:** I was approved for a dependency override at WSC previously, I do not meet the criteria to be independent for financial aid purposes and am requesting that my override be renewed for the 2025-26 cademic year.
 - Complete sections A, B and D.
- ☐ **Initial Request:** I have never been approved for a dependency override at WSC.
 - Complete sections A, C and D.

SECTION A: Reason for Override Request

Complete this form based on your relationship with your biological or legal parent(s). Due to the sensitive nature of this type of information, please be assured that any information you share with WSC Financial Aid will remain confidential.

Conditions that **MAY** warrant a dependency override are listed below. **Please mark all that apply to your situation.**

- ☐ **Abandonment:** Your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown, or you cannot readily reach them. You have not had contact with your parent(s) and they have not provided you with any emotional or financial support for an extended period of time.
- ☐ **Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, and verbal or substance (drug/alcohol) abuse.
- ☐ **Incarceration:** At least one parent is in prison as a result of their participation in illegal activities and you do not have contact with or receive any support from your other parent.
- ☐ **Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA and you do not have contact with or receive any support from your other parent.
- ☐ **Death:** Your custodial parent is no longer living, and you do not have contact with or receive any support from your other parent.
- ☐ **Location Unknown:** Your parents do not reside in the United State and cannot be contacted.
- ☐ **Conflicting Beliefs or Practices:** Your parents disowned or severed ties with you because your beliefs, practiced or preferences differ from theirs in one or more of the following areas: race, religion, education, health, gender, sexual orientation, or cultural expectations.

Go to Section B if you are requesting a renewal of a previous dependency override at WSC.

If this is your first override request at WSC, skip Section B and go to Section C.

SECTION B: Renewal Requests

In a prior year, WSC Financial Aid approved a dependency override that allowed you to be considered independent for financial aid purposes. To request a renewal of your status, you must submit this form along with a signed statement that addresses the following:

- The current status of your relationship with your biological/legal parent(s) and whether the situation for which you were granted the original override has changed. You must disclose if you have reconciled or reestablished a relationship with your parent(s).
- The frequency and nature of the contact you've had with both parents in the past 6 months. For example: Dad called once to wish me a happy birthday and no contact with Mom. If you have not had contact with either parent, note that in your statement.
- Any financial support you've received from your parent(s), include carrying you on their insurance policy, cell phone plan, etc. or claiming you as a dependent on their most recent income tax return.

Skip Section C and go to Section D.

Student ID #	
Name	

SECTION C: Initial Requests

Complete the information below based on your relationship with both of your biological/legal parents.

- Provide the month and year that you became estranged from your parent(s) _____
- Mark the statement below that best describes your situation:
 - ☐ I was living with my parent(s) at the time and was kicked out or told I could no longer live with them.
 - ☐ I was living with my parent(s) at the time and left the home due to abuse, conflict, or discord.
 - ☐ I was living with my parent(s) until I turned 18 or graduated from high school and was not forced to move out.
 - ☐ I never lived with either parent and lived with others but was never legally adopted or under legal guardianship of anyone else.
 - ☐ Other (please explain) _____
- To your knowledge, did either of your parents claim you as a dependent when they filed their 2023 income tax return? ☐ Yes ☐ No
- To your knowledge, are you covered under either parent's insurance policies, cell phone plan, gym membership, etc.? ☐ Yes ☐ No
- Using the chart below, report the details of your most recent contact with both parents.

Example: Father – 5/2022 – called to wish me a happy birthday; Mother – N/A – No contact in the past 6 months.

PARENT	Month/Year of Most Recent Contact	Contact Details
Father		
Mother		

The following documents must be submitted with this form for consideration of your override. Failure to include all requested documentation will result in automatic denial of your override request.

- A signed personal statement from you, the student, describing the history of your relationship with both biological/legal parents. Include step-parents if they are relevant to your issues with your parent(s). Whenever possible, provide specific examples of the events that led to your estrangement from your parents. Your statement must also include the following:
 - Where and with whom you lived from the time you stopped living with your parents through now: and
 - Who provided your financial support from the time you stopped living with your parents through now. If you didn't receive any financial support from others, explain how you supported yourself (i.e. job, financial aid, food stamps, etc.).
- Two letters of support from parties who can confirm the dissolution of your relationship with your parent(s) by providing specifics about your family situation. These letters must include the following: their signature, their current phone number and how they know you.
 - The first letter must be from an unbiased professional such as a doctor, psychiatrist, pastor, teacher, employer, high school guidance counselor, attorney or police officer.
 - The second letter may be from a friend, relative, neighbor or anyone with knowledge of your family situation.
- If your custodial parent has passed away, submit a copy of their death certificate, obituary or memorial program.

After completing this section, go to Section D.

SECTION D: Student Certification and Signature

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that a dependency override in future years is not automatic, and I will be required to complete an override renewal if my relationship with my parent(s) has not changed. I agree to notify WSC Financial Aid if the relationship with my parent(s) is reestablished or they provide me with any financial support*. I am aware that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of any financial aid I received.

Student Signature _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

*Financial support includes, but is not limited to, giving you money, paying bills on your behalf, covering you on an insurance policy, etc.

After signing and dating this form, go to Section E for information on what you can expect next.

SECTION E: Next Steps

If you have not already done so, complete the 2025-2025 Free Application for Federal Student Aid (FAFSA) at <https://studentaid.gov/>. Be sure to enter WSC's school code of 003007 and electronically sign the FAFSA using your FSA-ID credentials to ensure your application date is recorded.

If your dependency override is approved by WSC, your FAFSA will be pushed through as an independent student. An expected family contribution (EFC) will be calculated based solely on your income and assets and the FAFSA will be electronically sent to WSC. A financial aid award will be generated (usually within 1-2 weeks of receiving your pushed FAFSA, starting mid-March), and you'll receive an email communication directing you to Campus Connection to accept or decline your financial aid award.

If your dependency override request is denied by WSC, you'll be required to correct your FAFSA and include your parents' financial information and signatures if you wish to be awarded state or federal financial aid.