MANCHESTER COMMUNITY COLLEGE

1066 Front Street, Manchester, NH 03102 | Phone: (603) 206-8110 | Fax: (603) 668-3061

2023 - 2024 **DEPENDENCY OVERRIDE REQUEST**

Dear Student,

The Financial Aid Office

You have requested a dependency override so that you do not have to report your parents' income, as is normally required. Please be aware there must be "exceptional" circumstances to justify this override. Note especially that the federal government prohibits the college from granting these overrides when a parent is "unwilling" to provide income information. Additionally, the college is prohibited from granting an override based on "self-sufficiency" (i.e., supporting yourself).

| 1. | Name | | Student ID |
|---------------------------|--|----------------|---|
| 2. | Social Security | | Date of Birth |
| 3. | Exceptional circumstances (describe below, use back if necessary): | | |
| | | | |
| | | | |
| | | | |
| : | social worker confirm | ming the infor | nigh school guidance counselor, clergyman, or mation about your exceptional circumstances ing documentation you may have. |
| Signature (In Ink) | | | Date |
| or Fina | ancial Aid Office use | only: | |
| Approved: | | | Not Approved: |
| | | | |
| A Director Signature Date | | Date | FA Director Signature Date |
| | | | |