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):		
4.	Please attach two letters from a high school guidance counselor, clergyman, or social worker confirming the information about your exceptional circumstances and any other back-up or supporting documentation you may have.		
Signature (In Ink)			Date
For Fir	nancial Aid Office use onl	y:	
Approved:			Not Approved:
FA Director Signature Date		Date	FA Director Signature Date