2026-2027 Professional Judgement for Unusual Circumstances (Dependency Override)

Name_____ **ID (REQUIRED)**_____

Phone_____ **Email** _____

Unusual circumstances do not include: A parent's choice not to provide financial support for college, a parent's choice not to provide information for the FAFSA or verification, a parent not claiming a student as dependent for income tax purposes, or a student's ability to demonstrate total self-sufficiency.

Students who have been or would be designated as Dependent or Provisionally Independent on their FAFSA Submission Summary may request designation as an Independent Student by completing this form, attaching the requested information, and bringing it directly to the Financial Aid Office. Each case will be decided on an individual basis, but in most cases, one of the circumstances listed below must apply for the change to be considered.

☐ **1. You have already applied for financial aid for 2026-2027 and since that time, one or both parents have died.**

Date of death: _____

If only one parent has died, where is your other parent? _____

_____

Documentation: Death Certificate(s)

☐ **2. All normal family contact has been terminated between you and your natural parents.**

Date of termination of contact _____

Documentation: Provide a signed personal letter explaining the circumstances, provide a signed letter from a related adult who is familiar with the circumstances, AND have a professional third party (school counselor, case worker, psychologist, court officer, attorney, pastor, etc) who can certify to the circumstances you describe write a signed letter on professional letterhead verifying your circumstances. Also, include any legal documentation if applicable.

☐ **3. You are living with a family member or another responsible adult other than your parent(s); and have not been supported by parent(s) during that time.**

Documentation: Provide a signed personal letter explaining the circumstances, a signed letter from the adult or family member, certifying that you have lived with them and that person has supported you during this time without parental support, AND provide a signed letter from a professional third party (school counselor, case worker, psychologist, court officer, attorney, pastor, etc.) on letterhead that certifies the above circumstances. Also, include any legal documentation if applicable.

☐ **4. You have been married (but are now divorced) and lived in a household apart from your or your spouse's parents; you filed income taxes or received documented personal income of $15,750 or more during 2025; you will continue to have such income from a source other than your parents during 2026.**

Documentation: Divorce Decree, copy of 2025 federal tax form or proof of income; proof of 2026 income source, and proof of a separate household during 2026 (e.g., utility bills or rent receipts for all of 2026; or statement from your landlord certifying to the dates that you lived there)

☐ **5. OTHER UNUSUAL CIRCUMSTANCES (Ex. Human Trafficking, Abuse, Legally Granted Asylum Status, Student/Parent Incarceration, etc.).**

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_____

I certify that the above description of my circumstances, and any attached documentation, is true and valid, and I give permission to the individuals listed below to provide to the Shawnee Community College Financial Aid services office information about my family situation. I understand that such information will be used to support my application for financial aid as an independent student and will at all times be kept confidential.

Student Signature: _____ Date: _____

If you are required to provide third party personal and professional statements based on your situation, please list those people and their contact information below. We may contact them to certify, to their knowledge, your family situation.

Personal Contact Information

NAME _____

ADDRESS _____

PHONE NUMBER_____

RELATIONSHIP TO STUDENT _____

Professional Contact Information

NAME _____

ADDRESS _____

PHONE NUMBER _____

TITLE/ PLACE OF EMPLOYMENT _____

For Office Use Only

Approved_____ Denied_____

Comments_____

_____

_____

Signature: _____ Date: _____

Revised
03/18/26