



2018-19 Appeal for Dependency Override

Student Name: _____ UH ID #: _____

Phone Number: _____ Date of Birth: _____

Federal regulations (Public Law 102-325, Sec. 480 (d)) require that the Financial Aid Office consider parent information and expect parent contribution for students unless the student meets one of the following conditions:

1. is 24 years or older by December 31 of the award year (born before January 1, 1995); or
2. is a graduate or professional student; or
3. is married; or
4. have children who receive more than half of their support from you; or
5. have legal dependents (other than children or spouse) who receive more than half of their support from you now and through next year; or
6. is an orphan or ward of the court; or
7. is currently serving on active duty in the U.S. Armed Forces for purposes other than training; or
8. is a veteran of the U.S Armed Forces; or
9. is an emancipated minor; or
10. is in legal guardianship; or
11. is an unaccompanied youth who was homeless as determined by:
 - a. your high school or school district homeless liaison,
 - b. the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or
 - c. the director of a runaway or homeless youth basic center or transitional living program.

The parent's unwillingness (versus inability) or refusal to assist the student cannot be grounds for a dependency override. The Financial Aid Office may be able to override your dependent status only if unusual circumstances exist that makes it impossible for you to have reasonable contact with your parents. If your family situation involves an unusual circumstance, you may request a review of your dependency status by submitting:

1. A personal statement describing the relationship between you and your parents and the specific reasons you are unable to secure their cooperation in completing the parent information section of the Free Application for Federal Student Aid (FAFSA).
2. At least one statement on **official letterhead paper** from an external (third party) source who can document, verify and support your situation (e.g. social workers, counselors, clergy members, or teacher).

I certify that the information provided is true and correct to the best of my knowledge; I understand that any false statement or misrepresentation may be cause for denial, reduction or repayment of any financial aid received.

Student Signature: _____ Date: _____

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

Hawai'i Community College	1175 Manono Street * Hilo, HI 96720	hawccfao@hawaii.edu	(808) 934-2712
Honolulu Community College	874 Dillingham Boulevard * Honolulu, HI 96817	honccfao@hawaii.edu	(808) 845-9116
Kapi'olani Community College	4303 Diamond Head Road * Honolulu, HI 96816	kapfao@hawaii.edu	(808) 734-9537
Kaua'i Community College	3-1901 Kaunualii Highway * Lihu'e, HI 96766	kaucfao@hawaii.edu	(808) 245-8360
Leeward Community College	96-045 Ala 'Ike Street * Pearl City, HI 96782	lccfao@hawaii.edu	(808) 455-0606
University of Hawai'i Maui College	310 West Ka'ahumanu Ave * Kahului, HI 96732	mauifa@hawaii.edu	(808) 984-3277
Windward Community College	45-720 Kea'ahala Road * Kāne'ohe, HI 96744	wccfao@hawaii.edu	(808) 235-7449

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