



## DEPENDENCY OVERRIDE REQUEST FOR PROFESSIONAL JUDGEMENT

Student Name: \_\_\_\_\_ ID: 770-\_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Type of Professional Judgment:

\_\_\_\_ Dependency Change (Dependent to Independent only)

**Your request will need to include the following:**

- **Completed Dependency Override Form (see attached)**
- **Most recent pay stubs for student**
- **2024 IRS Tax Transcript (if not able to directly pull-in information from the IRS on the FAFSA)**
- **Signed & dated DETAILED (dates and amounts – a financial timeline) statement explaining current financial situation**
- **Two letters corroborating student's situation. (1 must be from a professional such as a counselor, school personnel, work supervisor, or priest. This must come typed on a form with their letterhead or from their professional email address.)**

I am requesting the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.**

FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601  
406-447-6916, [www.helenacollege.edu](http://www.helenacollege.edu)



RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or fax to: 406-447-6397.

Dependency Override Request

Student Name: \_\_\_\_\_ ID 770-\_\_\_\_\_

The Higher Education Act of 2008 clearly stated which students shall be considered independent of parental support for educational costs. These rules are explained in the Free Application for Federal Student Aid (FAFSA). If you do not qualify under those rules, the Financial Aid Administrator may consider, under professional judgment, exceptional circumstances that would allow a student to be independent. Any decision rendered from an office applies only to the school that makes the decision.

I understand that I do not meet any of the regular rules for independent status, but my situation is such that I would like to be considered for independent status. I understand that the unwillingness of a parent to provide support or the choice of a student to not accept support are unacceptable reasons to make this request.

Attach a detailed description of your unique circumstances. Include the following information and attach appropriate documentation:

- Relationship between you and both your parents (include location of both parents, description of most recent contact, and any financial support from them within the last two years).
• Where you have lived and how you have supported yourself for the past two years.

You must also include letters of recommendation from two individuals such as foster parents, members of the clergy, social workers, or counselors describing your relationship with your parents. Statements from parents cannot be accepted.

Table 1: List Names and Job Title and/or Relationship to student

Table with 2 columns: Name of Individual, Job Title or Relationship to Student. Includes two rows of blank lines for entry.

I understand this request is subject to the professional judgment of the Financial Aid Director. This request may be subject to further documentation. Any decision is final and applies only to Helena College University



**of Montana. If approved, I understand I must contact the Financial Aid Office before I file each year to maintain my independent status.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$10,000 fine, a prison sentence, or both.**