



P.O. Box 1940
Fond du Lac, WI 54936-1940
(920) 924-3207

OVERRIDE REQUEST

DATE _____

NAME _____ STUDENT ID# _____
ADDRESS _____

Date from which you have been completely supporting yourself, month/year _____.

Indicate how you (or who) supported yourself from that date: _____

Mothers name: _____

address: _____

Telephone number _____

Fathers name: _____

address: _____

Telephone number _____

You do not meet the congressionally defined criteria to exclude your parents' information in determining your need for federal financial aid. Please indicate why your parents' information should not be included in your application for financial aid.

List any other person (counselor, clergy, relative, social worker) aware of your situation and **provide any statement or documentation from them to verify and support the information you are providing:**

Check if documentation or statements are attached.

Name/relationship _____
 Name/relationship _____
 Name/relationship _____

What is your total income per month: \$ _____

LIST ALL SOURCES OF INCOME:

What help do you get from parents:

\$ _____ housing - all part weekends summers

\$ _____ food - all part weekends summers

\$ _____ car use purchase/gift gas, oil, repair

\$ _____ insurance car medical life

other, list _____

\$ _____ medical/dental care parents insurance pays

\$ _____ cash payments for personal use

\$ _____ gifts

\$ _____ loans, for _____

\$ _____ clothes

\$ _____ other, list _____

What is your income per month including **parents** support \$ _____.

What is your income per month including **others** support \$ _____.

What is paid from your income per month:

(if none, write in \$0)

\$_____ housing - living ___ by self ___ one or more roommates

\$_____ amount paid by other person(s).

\$_____ food, toiletries, etc.

\$_____ car payments, since _____ payments end _____

_____ car is paid for

\$_____ gas, oil, repair

\$_____ insurance for _____

\$_____ medical/dental

\$_____ clothing

\$_____ gifts

\$_____ other loans or expenses _____

If you are not paying any of the above listed expenses, please indicate who pays these for you _____.

I hereby certify that all information that has been reported in this statement is true.
I understand that if I purposely give false or misleading information on this statement for Federal Aid determination, I may be subject to a \$10,000 fine, a prison sentence, or both.

_____/_____/_____
Student Signature Date

Have all three forms completed and submitted for review.

Supplement to Dependency override form from Moraine Park Technical College

TO BE COMPLETED BY PARENT

Statement in support for _____

THIS PERSON HAS BEEN:

USED AS THE BASIS TO FILE INCOME TAXES AS "HEAD OF HOUSEHOLD"
_YES _NO

CLAIMED AS AN EXEMPTION ON MY INCOME TAX FORM IN _____. __NO
(list the last year claimed)

BEEN PROVIDED SUPPORT IN THE AMOUNT OF \$_____. __NONE

IS COVERED BY MY INSURANCE POLICIES FOR -HEALTH _YES _NO
-AUTO _YES _NO

I hereby certify that all information that has been reported in this statement is true.

Parents' signature

Parent or other persons' signature

Date

Supplement to Dependency override form from Moraine Park Technical College.

TO BE COMPLETED BY PARENT OR OTHER PERSON
IN SUPPORT OF PARENTAL DENIAL

Statement of Non-support/Emancipation for _____

Congress has defined a person who is 24, is a veteran, is a ward of the court or orphan, or is supporting legal dependants as not requiring parents' information for federal financial aid. This student does not meet this requirement and has asked for special consideration.

Please indicate the situation of non-support and any reasons for refusal to provide parental information for the student attempting to obtain financing for education.

*NOTE: Financial Aid is **targeted** to individuals whose families cannot provide funds for education by themselves. Low income is not an acceptable reason for not providing information. **Low income is the reason FOR completing the FAFSA form.**

If completed by parent, what support can or will you provide for your child's education:

I hereby certify that all information that has been reported in this statement is true.

Parents' signature

Parent or other persons' signature

Date