

Dependency Override Appeal Renewal
2023-24

Please read through this form and complete every item. Your appeal will not be considered if any portion of this is left incomplete or if supporting documentation is not submitted.

Student Name: _____ Cap ID/SSN: _____ Phone #: _____

E-mail address: _____ Date of birth: _____

Section 1: Documentation

- 1. Personal Statement:** Submit *signed and dated* statement that describes
 - A thorough update of the relationship with your parent(s)
 - The last time you had contact with your parent(s) – include frequency and nature of contact
 - Current location of your parent(s), if known
 - Your living arrangements for the last year
- 2. Third-Party Statements:** Submit *two signed and dated* statements from responsible adults who are personally aware of your situation. These statements must explain their understanding of your situation and include the length of time the person has known you and how they have been involved.

Please provide the following information about the people submitting third-party statements:

Name: _____
Address: _____
Relationship to student: _____
Job title: _____
Phone number: _____
Name: _____
Address: _____
Relationship to student: _____
Job title: _____
Phone number: _____

- 3. 2023 Paper FAFSA :** Submit a completed and signed paper 2023 FAFSA, including only your information, to the Financial Aid Office for processing. If approved, the Financial Aid Office personnel will submit your FAFSA on your behalf with a dependency override.

Section 2: Student Certification

I certify that all information and documentation submitted in support of this appeal is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a reduction or repayment of financial aid. I understand that I may be asked to provide additional information or documentation, if needed. I authorize Capital University to verify any third party documentation that I have submitted.

Student signature: _____ Date: _____

Please submit all documentation to:
Capital University Financial Aid Office, 1 College & Main, Columbus, OH 43209
Phone: 614-236-6511 Fax: 614-236-6926