

Dependency Override Appeal
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 or SSN: _____ Phone #: _____

E-mail address: _____ Date of birth: _____

Section 1: Documentation

Personal Statement: Submit *signed and dated* statement that describes

- the relationship with your parent(s), both current and historical
- 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 three years

Supporting Documentation: Provide documentation which substantiates your appeal. Information that could be submitted includes, but is not limited to:

- Parent(s) death certificate(s)
- Proof of parent’s institutionalization
- Proof of parent’s incarceration
- Court order that prohibits contact between you and your parents
- Police reports

Third-Party Statements: Submit *three signed and dated* statements from responsible adults who are personally aware of your situation. At least one statement must be from someone who has been involved with your situation in a professional capacity, such as a doctor, counselor, pastor, teacher, social worker and/or clergy. This statement must be provided on letterhead and all third-party statements must 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: _____
Name: _____ Address: _____ Relationship to student: _____ Job title: _____ Phone number: _____

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: _____