

# 2026-27 Dependency Override Request



Name \_\_\_\_\_

CCC ID # \_\_\_\_\_

**By completing this form**, you are requesting that the CCC Financial Aid Director change your status on your Free Application for Federal Student Aid (FAFSA) from dependent to independent. In order to make this happen, you will need to provide ample documentation to support a claim that your parent(s) no longer provide any physical support toward your well-being, nor do you reside with one or both parents. (see below)

**On a separate page**, please discuss your relationship with both parents, if living. (If one parent is deceased, please indicate their name and the date of death.) Explain the following:

1. When did the relationship with your parent(s) begin to break down and why, and when did you cease to physically live in their household (month and year and the age you were at the time);
2. Confirm that neither parent provides any financial support at all; (a) are you on their health insurance; (b) do they pay your rent, phone, or utilities? (c) do they give you grocery money or provide gifts at Christmas or birthdays?

**In addition**, please provide two letters from the following external sources:

1. A letter from a relative such as a grandparent, aunt, uncle, cousin, or sibling who are aware of your situation and can confirm it in their own words. The individual should include how they are related to the student and the letter must be signed by that individual.
2. A letter from a non-relative also confirming the status you are declaring. Examples of a non-relative can include a high school teacher or counselor, a pastor, or someone in the medical profession who is familiar enough with your situation to confirm it. Again, the letter must be signed by the individual confirming your information and should be on letterhead if the individual is writing the letter of support on a professional level.

**I certify** that the information provided is correct to the best of my knowledge. I understand that intentionally misrepresenting information relative to my financial aid application is punishable by law.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Please return this form to any CCC Financial Aid Office.**

*Upload through My Financial Aid, email to [finaid@cccneb.edu](mailto:finaid@cccneb.edu) or mail to:  
Central Community College Financial Aid; PO Box 4903; Grand Island, NE 68802-4903  
Please call 308-398-7555 if you have questions.*

## Financial Aid Use Only

Approved  Denied    Rationale:

\_\_\_\_\_  
*Financial Aid Director Signature*

\_\_\_\_\_  
*Date*