Return to: Rowan-Cabarrus Community College Financial Aid Office
1531 Trinity Church Rd. Concord, NC 28027
Submit online: https://www.rccc.edu/fa-support-docs
EMAIL: fin.aid@rccc.edu

2026-2027 Dependency Override Form

STUDENT INFORMATION:

Last Name	First Name	Rowan-Cabarrus Student ID #

Phone #(Include Area Code)	Email Address

A dependency override cannot be approved due to:

- Financial self-sufficiency
- A parent is UNWILLING to contribute financially toward the student's educational and living expenses
- A parent is UNWILLING to provide information required on the student's FAFSA or to assist in completing the verification process and/or
- A parent does not claim the student as a federal income tax exemption
- You and your parents have disagreements resulting in a strained relationship

A dependency override generally can be CONSIDERED if one or more of the following conditions exist and are documented by the applicant:

☐ An emotionally or physically abusive, unhealthy, or unsafe family environment exists
☐ Abandonment or neglect of the student by the parent(s) have occurred
☐ The custodial parent(s) is incarcerated
☐ The student has been removed from the parent(s) residence by court order
☐ Other unusual or extraordinary circumstances, events, or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FAFSA
☐ Other supporting documentation such as police reports or court orders

Please provide the following information with this form:

1. **Personal statement -** Your statement should explain the basis of your appeal. Please note your statement is completely confidential and will be used solely for the determination of this dependency appeal. This must be signed and dated.
2. **Provide an additional statement from a professional:** The statement should verify circumstances described in your personal statement. This must be signed, dated, and include contact information. Examples of professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, law enforcement officers, Department of Social Services, and officers of the court.
3. **Provide an additional statement:** This statement should be from another person that is aware of your situation and can verify the circumstances described in your personal statement. This must be signed, dated, and include contact information.

Certification and Signature:	
By signing, I certify that all information reported on this form and any attachments are true, complete, and accurate. I authorize Rowan-Cabarrus Community College to make corrections to my application based on the documents submitted. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid. ***WARNING:*** *If you purposely give false or misleading information, you will be reported to the U.S. Department of Education where you may be fined, sent to prison or both.*	
Student Signature:	**Date:**

For Office Use Only

☐ Approved ☐ Denied

FA Advisor Signature:_____ Date:_____

Supervisor Signature _____ Date:_____