

Financial Aid and Scholarships Administration Building Room 124 1910 University Drive Boise, ID 83725-1315

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2023-2024 Petition for Dependency Override

Student name:		Phone:	
Student ID #	Birth date:		
Street address:			
City, state, zip:			
after answering questions in		dependent for federal financial aid purposes. If, however as a dependent student and unusual circumstances has for a dependency override.	
 The unwillingness of the In all cases, independence Examples of situations value mental incapacity, physic Federal funds are not away 	parents to pay or provide information e must have occurred out of necessity where petitions may be approved are all or emotional abuse, parental incarcer arded to help students establish their in a dependency override depends on the	documented abandonment, parental drug abuse, parentation or severe estrangement.	
What has caused you to be provided for your own be	*	g circumstances. s? When did you become independent? How have you transportation, medical care)? Attach appropriate	
can verify your circums At least one letter must l individual who has been	stances. oe on letterhead from a guidance cour	ersonally have knowledge of your situation and who aselor, physician, social worker, clergy person, or another essional capacity. All letters need to include a telephone low up questions.	
please go online to stude your FAFSA on the fede	itted your 2023-2024 FAFSA, check th ntaid.gov and do so now. If your petition ral FAFSA website so we can receive you	is box . If you have not yet submitted your FAFSA, on is approved, your financial aid counselor will override our application. If your petition is denied, or more ncoMail address the reason and the next steps to take.	
	n my Petition for Dependency Overnetition only affects my application f	ide is correct and true. I understand that the decision of aid at Boise State University.	ЭĦ
Signature:		Date:	

8.24.22 cm FPDOX