

2024-2025 Dependency Override Request



FINANCIAL AID AND VETERAN SERVICES • 1108 FREMONT STREET, SSC 103 • STEVENS POINT, WI 54481-3987 • WWW.UWSP.EDU/FINAID

Section A: Student Information

Student Name	Student ID Number
Address	Phone Number

Section B: Instructions

Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless all requirements are met.

1. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
2. Complete the certification on this form.
3. Attach a typed personal statement indicating relationship with both biological mother and father.
4. Attach at least one (1) personal statement by a personal source. Personal source can include another family member friend, or acquaintance who knows first-hand of your personal situation.
5. Attach at least two (2) personal statements by professional third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc.
6. Return all documents to our office.

Section C: Certification

I am requesting consideration for a dependency override at the University of Wisconsin-Stevens Point.

I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment, or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form.

Student Signature

Date



Financial Aid and Veteran Services
University of Wisconsin-Stevens Point

2024-2025 Dependency Override: Statement by a Personal Source

Section A: Student Information

Student Name	Student ID Number
Address	Phone Number

Section B: Personal Statement By A Personal Source

Personal Source:		Telephone:	
Street Address:	City, State:	Zip code:	
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student?: _____• With whom does the student reside?: _____ <p>Please provide a letter explaining the student's relationship with their biological/adopted parent(s).</p>			

Section C: Certification

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature _____ Date _____



2024-2025 Dependency Override: Statement by a Professional Third Party

Section A: Student Information

Student Name	Student ID Number
Address	Phone Number

Section B: Personal Statement By A Professional Third Party

Third Party Name:		Telephone:	
Street Address:	City, State:	Zip code:	
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student?: _____• With whom does the student reside?: _____ <p>Please provide a letter explaining the student's relationship with their biological/adopted parent(s).</p>			

Section C: Certification

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature _____ Date _____



2024-2025 Dependency Override: Statement by a Professional Third Party

Section A: Student Information

Student Name	Student ID Number
Address	Phone Number

Section B: Personal Statement By A Professional Third Party

Third Party Name:		Telephone:
Street Address:	City, State:	Zip code:
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student?: _____• With whom does the student reside?: _____ <p>Please provide a letter explaining the student's relationship with their biological/adopted parent(s).</p>		

Section C: Certification

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature

Date

