

Student Financial Services | 715 North Avenue | New Rochelle, NY 10801 914.633.2497 | fax 914.885.1065 | sfs@iona.edu | www.iona.edu

2023-2024 Dependency Override Appeal Form

STUDENT NAME:

ID#

and unavoidable circumstances," may appeal to the Stude	endent students. However, dependent students with "unusual ent Financial Services Office for a dependency override. A idered an independent student (for financial aid purposes only)					
override Parents or stepparents refuse to contribute to stu Parents or stepparents are unwilling to provide in						
A Dependency Override Appeal form is considered on a casupporting documentation provided. For a situation to be for a dependency override, it must belong in one of the form a dependency override, it must be a dependency override, it mus	e considered as an unusual circumstance and a possible basis ollowing categories:					
Please indicate the qualifying reason you are submitting a	a Dependency Override Appeal:					
Incarcerated parent(s)Physical or emotional abuseDocumented abandonment	 Parental drug use Custodial parent deceased Homeless or At Risk of Homelessness 					
Documentation submitted to support your case must be as specific as possible and should focus on your relationship (or lack thereof) with your parents/stepparents, not on the lack of parental financial support. Please submit the following documentation with this appeal form:						
can confirm the circumstances in your letter of explant The letters of support should also include how provided on business letterhead from the org Any official and/or legal documentation you have to su orders). Proof of current residency. This can be a utility bill, call	oprietor, employer, counselor, social worker, teacher, or clergy), which ation. w and for how long they have known you. All letters need to be ganization attesting to your circumstances. upport your claims (e.g., police reports, school records, restraining to be bill, medical/high school records. monstrate your independent status. Supporting statements from any					

If selected for federal verification, your dedicated financial aid counselor will contact you for a few additional forms.



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2023-2024 Dependency Override Appeal Form

STUDENT NAME:

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Students must complete and return the Dependency Override Appeal Form and supporting documentation to the Student Financial Services Office. Please email this completed form and documentation to your dedicated financial aid counselor using the subject line "Dependency Override Appeal". Below you can find your counselors contact information as assigned by last name. Appeals will be reviewed on a case-by-case basis and all information will be kept confidential. Frequents for follow up documentation will be sent to the student's lona email. Frequents for follow up documentation will be sent to the student's lona email. Frequents for follow up documentation will be sent to the student's lona email. Frequents for follow up documentation will be sent to the student sudent of their Dependency Status Appeal. Frequents Appeal. Frequents for follow up documentation will be sent to the student of their Dependency Status Appeal. Frequents Appeal. Frequents for follow up documentation will be sent to the student's lona email. Frequents for follow up documentation will be sent to the student's lona email. Frequents Appeal. Frequents Appeal. Frequents Appeal. Frequents Appeal. Frequents Appeal. Frequents Appeal. A-C & M Leandra Dominguez (914)-633-2441 dominguez@lona.edu Dependency		Dependency	Override Proces	S									
The submission of an appeal does not guarantee appeal approval. Additional documentation may be requested. Requests for follow up documentation will be sent to the student's Iona email. The Student Financial Services Office will notify students via their Iona University e-mail the result of their Dependency Status Appeal. Please note students with unusual circumstances that qualify for a dependency override will be deemed an independent student for the aid year. This process must be completed each year you plan to enroll. Below is the contact information for your dedicated financial aid counselor assigned by last name: A-C & M	Î	Financial Services (using the subject li	Office. Please email this	completed form and	documentat	ion to your o	dedicat	ed finar	ncial aid	d counselor			
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A-C & M D-L & N-O Andrew Katz (914)-633-2105 Akatz@iona.edu P-Z Jennifer Connolly (914)-633-2030 Dennifer Connolly (914)-633-2030 Dennifer Connolly (914)-633-2030 Dennifer Connolly (914)-633-2030 Dennifer Connolly@iona.edu Please indicate a best email and telephone number at which the Student Financial Services Office can reach you to discuss any questions related to your appeal. Email Telephone # () - By signing, I am certifying that this request is subject to the professional judgment of the Student Financial Services Office at Iona University. This request may be subject to further documentation. STUDENT NAME (PRINT) STUDENT SIGNATURE DATE: WARNING: If you purposely provide 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. OFFICE USE ONLY													
D-L & N-O Andrew Katz (914)-633-2105 akatz@iona.edu P-Z Jennifer Connolly (914)-633-2030 iconnolly@iona.edu Please indicate a best email and telephone number at which the Student Financial Services Office can reach you to discuss any questions related to your appeal. Email Telephone # () - By signing, I am certifying that this request is subject to the professional judgment of the Student Financial Services Office at Iona University. This request may be subject to further documentation. ALL DECISIONS ARE FINAL and cannot be appealed to the U.S. Department of Education. STUDENT NAME (PRINT) ID # STUDENT SIGNATURE DATE: WARNING: If you purposely provide 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. OFFICE USE ONLY	Below	Below is the contact information for your dedicated financial aid counselor assigned by last name:											
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Approved Denied Trans #: Notice Sent: FAA Initials: Date:	уои т	ay be fined, sent to pr	•	ding information, you	will be repo	rted to the U	l.S. Dep	artmen	t of Ed	ucation where			
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