## Student Selected on their FAFSA Unusual Circumstances 2025-2026



Student's Name:		HO	HC ID# or last 4# of SSN:		
informa	on your FAFSA results, you have indicate ation on the Fee Application for Federal Stm. Your Financial Aid Counselor will then	udent Aid (FAFSA). To assess	stances that prevent you from providing parent your situation in terms of financial aid, please d.	t complete	
By fede	eral law, the following conditions do not wa	arrant a dependency override:			
•	Parents refuse to provide information or Parents do not claim student as depend Parent unwilling or unable to contribute Student demonstrates self-sufficiency Student does not wish to communicate	dent for income tax purposes to student's education			
STUDE	ENT STATEMENT				
•			(biological or adoptive) and the reason(s) who		
at leas		of your situation and can verify	ontact you to possibly request detailed statem your circumstances. Examples include cas		
certify t		and in the supporting documen	n as may be requested by the appeals commit tation is true and correct to the best of your kr nent or both.		
*All sig	natures must be physical signatures; digit	al and typed signatures will not	be accepted.		
 Studen	nt Signature	 	Phone number		