

Email: financialaid@delmar.edu

http://www.delmar.edu

2022 – 2023 Dependency Override Request Form

Einst Nama		Last Nama	Ctr. Lant ID
First Name	MI	Last Name	Student ID
B. Instructions			
Please read the following Your application will not		dered for a Dependency Over- requirements are met.	ride.
1. Complete a 2022-2023	Free Application for I	Federal Student Aid (FAFSA)	
2. Attach a TYPED person	onal statement		
3. Attach two letters of pa	rofessional references		
4. Complete the certification	tion on this form		
5. Return all documents	o our office		
Important Notes:			
•		AFSA on the Web' at fafsa.g mation, results must be on file	
		wing: relationship with mothe methods of financial support.	r and father, whom you are
official letterhead from counselor, or some oth parents, as well as the	n an independent third per objective person) w	urred. Letters should also inclu	
*	•	ride is not automatic. The stud eir circumstances have not cha	lent must submit a dependency anged.
C. Certifications a	nd Signatures		
I am requesting consideration due to a breafor financial aid purposes	tion for a Dependency akdown in my family sand have attached the r		dered as an independent student form. I understand that I must
Student's Signature		Date	e
Del Mar College Financial A	id Services East Camr	ous: Harvin Center – Rm 263 We	est Campus: Coleman Center – Rm 140

Phone: (361) 698-1293

Fax: (361) 698-2017

Phone: (361) 698-1726

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