



FINANCIAL AID OFFICE

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2023-2024 DEPENDENCY STATUS APPEAL RENEWAL

Please print clearly. Do not leave any item blank.

_____ Last Name _____ First Name _____ M.I. _____ Date of Birth _____ Phone Number _____

In order for the Financial Aid Office to consider your request for your "Dependency Override" to be renewed for the 2023-2024 award year, you must **complete** and submit **all required documents** as listed below:

1. I have completed my 2023-2024 FAFSA Yes _____ No _____ (if you answered "No", you must do so prior to submitting this form).
2. Will someone other than yourself claim you as a dependent on their 2022 Federal Tax Return? Yes _____ No _____
3. Do your parent(s) or step(s) provide any support in cash or contribute to paying any of your educational expenses for the past award year? Yes _____ No _____
4. Has your situation changed since your dependency status was determined the prior year (if YES, you will need to attach an updated person statement with your current changes.) Yes _____ No _____

All completed documents must be submitted to the Financial Aid Office within two weeks.

SIGNATURE - REQUIRED

I certify that all of the information listed on this form concerning my request for a "Dependency Override" is correct and complete. If I cannot provide the appropriate documentation to support an independent status, I understand that I will be evaluated as a dependent student with my parents providing income and asset information when completing the FAFSA.

SIGNATURE REQUIRED

_____ Student signature _____ Date _____

WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Do not submit this form without all of the appropriate documentation.

OFFICE USE ONLY:

Evaluated and

Approved

Denied

by _____

Financial Aid Official/Date