



FINANCIAL AID OFFICE

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Marshall, MO 65340
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2026-2027 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 2026-2027 award year, you must complete and submit all required documents as listed below:

- 1. I have completed my 2026-2027 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 2024 or 2025 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 or insurance 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