



**Hinds Community College**  
**Office of Financial Aid**  
**2025-2026**  
**Request for Dependency**  
**Status Override**

**A. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      ID Number **(REQUIRED)**                      Phone number

A student, who does not meet the requirements listed on the FAFSA (Free Application for Federal Student Aid) for an independent student, may request to be evaluated as an independent student if they have SPECIAL OR UNUSUAL CIRCUMSTANCES. The student will be required to provide documentation of any special or unusual circumstance to the Office of Financial Aid.

**Several conditions that DO NOT qualify as unusual circumstances include parents who refuse to contribute, unwilling to provide information, or do not claim the student as a dependent for tax purposes or a student who simply demonstrates total self-sufficiency.**

*Please check documentation provided:*

☐ 3 letters from pillars of the community (*ex. Pastor, counselor, etc.*) which confirm (or document) the unusual circumstances related to your Request to Review your Dependency Status.

☐ Court documents

☐ Death certificate

☐ Other: \_\_\_\_\_

*Please explain your situation/circumstance:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. CERTIFICATION AND SIGNATURE**

All of the information provided by others and me (the student) on this form and attached documentation is true and complete to the best of my knowledge. If asked, I agree to give any additional proof of special or unusual circumstance or provide an explanation of why specific information cannot be provided. I understand that to be considered for a dependency override, I must provide **ALL** detailed information requested. I also understand that the determination of this request is **FINAL** and **CANNOT** be appealed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP – OFFICE USE ONLY**

Email: [finaid@hindsgcc.edu](mailto:finaid@hindsgcc.edu) - Contact us: 601-857-3223

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or both.

FA Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid Advisor's Comments: \_\_\_\_\_

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**PROFESSIONAL JUDGMENT FOR DEPENDENCY OVERRIDE RECOMMENDATION**

☐ **APPROVED**

☐ **DENIED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMMENTS: \_\_\_\_\_

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