



Financial Aid Office
Phone: 419-824-3732
Fax: 419-517-8921
Email: financialservices@lourdes.edu



2023-24 Dependency Override RENEWAL Form

Student Name: _____ Student ID: _____
Contact Information: Phone _____ Email _____

Please submit this form if you have had a dependency override approved by Lourdes University during a previous aid year.

The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. According to the U.S. Department of Education, unusual circumstances can include: an abusive family environment, (such as drugs, alcohol, or violence), or abandonment by parents. It is our policy to make an adjustment of a student's dependency status in only extreme situations. The basic premise of federal financial aid is that the student and family have the primary obligation to finance a college education. Lourdes University supports this premise and the current federal definition of a dependent student.

Please file your 2023-24 FAFSA. If you are unable to provide parental data, you can still submit the FAFSA. Your application will remain incomplete until this appeal is reviewed.

You will need to write a letter and attach it to this form. In the letter, please explain how or if the circumstances in your family situation have changed since you filed your original dependency override appeal. Include information on your current situation. If you have questions on what should be included, please contact our office.

Please note, we may request additional information as appeals are reviewed on a case-by-case basis.

Under the Higher Education Act of 1965, the Financial Aid Office has full discretion under the Professional Judgment clause to either approve or deny requests as they determine appropriate. An aid administrator's decision regarding adjustments is final and cannot be appealed to the Department.

CERTIFICATION:

By signing this form, I certify that all the information reported on it is complete and correct.

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

Student: _____ Date: _____

Please return to:

Lourdes University Financial Aid Office
6832 Convent Blvd.
Sylvania, OH 43560
419-824-3732
Fax: 419-517-8921
financialservices@lourdes.edu