



FINANCIAL AID

Dependency Override Appeal: Application

2025/2026 Award Year

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266
FAX 660-543-8080
Webpage: www.ucmo.edu/sfs
Documents Only Email:
financialassistance@ucmo.edu

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FRCD1

700

Student's Name (please print)

UCM ID Number

- 1. Submit your signed letter of appeal to UCM Student Financial Services. In your appeal you must provide convincing justification that you are truly independent of your parent(s) in accordance with at least one of the conditions cited on our Dependency Override Policies page. See the link below for the Student Financial Services policies: https://www.ucmo.edu/future-students/financing-your-education/financial-aid-policies/You must also explain the following circumstances in your appeal:
a. Why your parent(s) are not providing (or will not provide) any financial support for you.
b. Why you are unable to obtain income and asset information from your parent(s) to complete your 2025/2026 FAFSA.
c. Your living arrangements, particularly how often (summers, weekends, etc.) you reside with your parents.
d. Your personal relationship with your parent(s): how often you visit them, contact them, etc.
e. What kinds and amounts of financial support your parent(s) provide to you (money, food and housing, payment of your bills, purchase of a vehicle, insurance payments, medical insurance, etc.)
f. What kinds and amounts of financial support you receive from other family members, friends, or relatives.
2. Letters of support must also be submitted from at least two other adults (only one of which may be a family member or relative) who know of your circumstances and can attest to the validity of your written appeal. At least one of the two supporting letters must be written by a professional on official letterhead stationery. Examples of such individuals include, but are not limited to, your high school guidance counselor, religious leader, Family Services officer, court representative, or social worker.

I certify the information included with my dependency override appeal is true and accurate to the best of my knowledge.

Student's Signature

Date

* Submit both pages of this form and all supporting documents to UCM Student Financial Services.

Mailing Address:
Student Financial Services
University of Central Missouri
P.O. Box 800
Warrensburg, MO 64093-5178

Hand carry to:
1100 Ward Edwards Bldg.
Fax:
660-543-8080

Be sure to read, complete, and submit page 2 of this application.

Student's Name (please print) 700
UCM ID Number

Important! Please review the following section regarding your rights under Title IX and sign below:

Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex against any person in education programs and activities receiving federal funding. Sexual misconduct, including sexual assault, domestic and dating violence, and stalking, are considered severe forms of sexual discrimination. **Please be aware that under Title IX, UCM employees are required to report to UCM’s Title IX Coordinator any time they become aware of possible sexual misconduct.** Your Title IX Coordinator can help maintain your privacy while providing you with assistance and support. Your Title IX Coordinator is also available to explain and discuss your right to file a criminal complaint; the University’s relevant complaint process, and your right to receive assistance with that process, including the investigation process; how confidentiality is handled; available resources, both on and off campus; and other related matters.

I hereby certify that I have read the above section regarding my rights under Title IX, and acknowledge that if the circumstances surrounding my request for a dependency override are related to sexual misconduct, the Office of Student Financial Services will be required to report this information to UCM’s Title IX Coordinator.

Student’s Signature

Date