



2021-22 Dependency Override Renewal

Student Name: _____ Student ID#: _____
Date of Birth: _____ Phone #: _____
Email: _____
Current Mailing Address of Student _____
(if none, please list name, phone number, _____
and mailing address of current contact): _____

A student with a previously approved Dependency Override for the 2020-2021 aid year at Montana Tech who does not meet the federal criteria for independent status on the 2021-2022 Free Application for Federal Student Aid (FASFA) may submit this renewal application AND a typed statement documenting current status for determination if the extenuating circumstances established in the prior year still exist.

FASFA Application Status: Already Completed Will Complete

Documentation Needed:

You must attach, a TYPED personal statement that includes your name, current date, and signature along with a summary of the events that led to your previous approved dependency override and document your current status.

***Additional information may be requested from the Office of Financial Aid if you are selected for verification.**

Student Certification:

By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)

Date

FOR OFFICE USE ONLY: Approved Denied Cancelled