



2023-2024 Dependency Override Request

SECTION A: STUDENT INFORMATION

Student Name	NCTC Student ID	SSN (last 4 digits only)

SECTION B: INSTRUCTIONS

Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification on this form.
2. Attach a typed personal statement indicating relationship with both biological mother and father.
3. Attach at least three (3) personal statements by professional third parties. Professional third parties can include clergy, counselor, teacher, lawyer, etc. A personal acquaintance or family member is not considered professional third-party reference.
4. Completed Free Application for Federal Student Aid (FAFSA) if not already submitted.
5. Return all documents to our office: finaid@nctc.edu

SECTION C: CERTIFICATION

I am requesting consideration for a Dependency Override at the North Central Texas College. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment, or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed.

Student Signature

Date

X_____

Save as PDF and Return this completed form with any required documentation to:

Student Financial Aid Office finaid@nctc.edu, mail to: North Central Texas College - 1525 West California Street, Gainesville, TX 76240 or fax to (940) 668-4260.



2023-2024 Dependency Override: Statement by a Professional Third Party

SECTION A: STUDENT INFORMATION

Student Name	NCTC Student ID	SSN (last 4 digits only)

SECTION B: PERSONAL STATEMENT BY A PROFESSIONAL THIRD PARTY

Third Party Name:		Telephone (include area code):	
Street Address:	City, State:		Zip Code:

- How long have you known the student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please explain the student's relationship with their biological parent(s). Use the back of this form if necessary.

SECTION C: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature

Date

X _____

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2023-2024 Dependency Override: Statement by a Professional Third Party

SECTION A: STUDENT INFORMATION

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SECTION B: PERSONAL STATEMENT BY A PROFESSIONAL THIRD PARTY

Third Party Name:		Telephone (include area code):	
Street Address:	City, State:		Zip Code:
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student? _____• With whom does the student reside? _____ <p>Please explain the student's relationship with their biological parent(s). Use the back of this form if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

SECTION C: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature

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