

Chowan University  
 Financial Aid Office  
 One University Place  
 Murfreesboro, NC 27855  
 Phone: 252-398-6535  
 Fax: 252-398-6513  
 Email: finaid@chowan.edu



**CHOWAN  
 UNIVERSITY**

**Priority Dates  
 Returning Students  
 February 28, 2020**

**New Students  
 April 30, 2020**

**2020-2021 Annual Dependency Status Override Renewal**

Students granted a Dependency Override in previous years who feel their circumstances justify a renewal of the override should complete this form. All supporting documents and letters turned in from the previous year will be used to determine your Dependency Status for 2020-2021 in addition to this form. *All information will be kept private within your Financial Aid file and will only be accessible by Financial Aid staff and University staff in which we deem necessary.*

**A. STUDENT'S INFORMATION**

Name:	SSN: XXX-XX-_____
Date of Birth:	Phone #:

**B. Personal statement – Your Personal Statement Should Include ALL of the following:**

<ul style="list-style-type: none"> <li>✓ Explain, in detail, why you should be considered independent for the 2020-2021 school year.</li> <li>✓ You must explain why <b>BOTH</b> your parents are unavailable to participate in the Financial Aid Process.</li> </ul> <p style="text-align: center;"><b>If you need more space, please attach an additional page. Make sure to include your name and last 4 digits of your social security number.</b></p>
Reason why <b>Father/Parent 1</b> is unavailable to participate:
Reason why <b>Mother/Parent 2</b> is unavailable to participate:

**C. At any time during 2018 or 2019 did you receive benefits from any of the federal programs listed?**

Medicaid or Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps - Supplemental Nutrition Assistance Program – (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Price School Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**D. Certification**

*Please return this information within the next 14 days.*

By signing this worksheet, I (we) certify that all information reported is complete and correct.

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

Approved	Denied
Date _____ FAA _____	Date _____ FAA _____

*Choose Affordability. Choose Faith in Your Future*

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