



Tri-County Technical College

### Unusual Circumstances: Dependency Override Request

**STUDENT NAME:** \_\_\_\_\_ **TCTC Student's ID** \_\_\_\_\_  
**Student's Email** \_\_\_\_\_ **Student's Phone Number** \_\_\_\_\_

#### Section A: Instructions

Please check the appropriate conditions that have led you to request a re-evaluation of dependency status for the academic year. You **must** provide any requested dates. Information from this form, the student's file and supporting documentation will be used to determine the student's eligibility for a change in dependency status. Your appeal will be reviewed by staff in the Financial Aid Office.

*Please select one of the following and provide the appropriate documentation:*

- \_\_\_\_\_ Abuse/Abandonment/Neglect (Official letters from clergy, counselor, legal, etc.)
- \_\_\_\_\_ Death of parent (Date of death: \_\_\_\_\_ - please include a copy of the death certificate.)
- \_\_\_\_\_ No contact with parents (please include detailed documentation and/or statements)

#### Section B: DOCUMENTATION & STATEMENT

1. **Type and attach a written statement** of your circumstance, including all relevant information, i.e., dates the circumstances occurred, the individuals it affected, and any other information you feel would be beneficial or helpful in making a determination of this request. Be complete in your written explanation as it determines the processing of your request.
2. **Attach documentation to support the circumstances you referenced in your statement.** Documentation must be provided for dependency status to be reviewed.

#### Section C: HOUSEHOLD INFORMATION

Full Name of Family Member	Relationship to Student	Age
	Self	

#### Section D: STUDENT CERTIFICATION AND SIGNATURE

All of the information on this form is accurate and complete to the best of my knowledge. If asked by an authorized Tri-County Technical College official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, the Financial Aid Office is under no obligation to make any adjustments to the student's eligibility for financial aid based on the information on this form. **Please sign in black or blue ink.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Academic Year \_\_\_\_\_

Return the completed form to any of the 4 campuses in person, postal mail, fax, or e-mail. TCTC Financial Aid takes every effort to secure any sensitive data. Do not send sensitive documents or personal information via unsecure methods to the financial aid office.

**Fax: (864)646-1890**

**E-mail: [tccentral@tctc.edu](mailto:tccentral@tctc.edu)**

Pendleton Campus  
Tri-County Technical College  
P O Box 587  
Pendleton SC 29670  
(864)646-8282, Option 1

Anderson Campus  
Tri-County Technical College  
511 Michelin Boulevard  
Anderson, SC 29626  
(864)260-6700

Easley Campus  
Tri-County Technical College  
1774 Powdersville Road  
Easley, SC 29642  
(864)220-8888

Oconee Campus  
Tri-County Technical College  
552 Education Way  
Westminster, SC 29693  
(864)613-1900