



## FINANCIAL AID REQUEST FOR DEPENDENCY REVIEW

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Please check the box that best describes your situation and provide the required documentation listed.

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**Request to be considered an independent student (Dependency override)**

- Two letters from outside sources that can attest to your situation. Examples include: guidance counselor, case worker, TRiO or GEAR UP advisor.

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**Parent refusal to complete the FAFSA – requesting a Direct Unsubsidized Loan only**

- Signed and dated statement from your parent(s). If parents refuse to provide a statement, a third party statement is required.

Please explain your situation. (attach sheet, if necessary)

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

Office Use Only:

SUBMIT TO: FINANCIAL AID OFFICE, NORTHEAST COMMUNITY COLLEGE, 801 E. BENJAMIN AVENUE, P.O. BOX 469, NORFOLK, NE 68702-0469  
[FINAID@NORTHEAST.EDU](mailto:FINAID@NORTHEAST.EDU), FAX 402-844-7397

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