



**OXY FINANCIAL AID  
DEPENDENCY OVERRIDE  
2012-2013**

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_  
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041  
323.259.2548 ~ 323.341.4961 (fax) ~ [finaid@oxy.edu](mailto:finaid@oxy.edu) ~ [www.oxy.edu/finaid](http://www.oxy.edu/finaid)*

**You are being asked to complete this form because you would like to be considered financially independent of your parents due to extenuating circumstances. All documentation received by our office remains confidential.**

For financial aid purposes, students are considered financially dependent on their parents until the age of 24 or until they meet specific benchmarks (such as enrollment in graduate school or marriage; for more information contact the Oxy Financial Aid Office).

**1. Personal Statement:**

Please attach a letter explaining why you should be considered independent of your parents. Describe your relationship with your parent(s) and why they will not provide financial support. Include information about how you provide for yourself financially. If you are receiving support from friends and/or relatives, you must describe the nature and amount of support. Sign and date your personal statement.

**2. Documentation:**

Please attach statements from at least **two** professionals who can verify the family circumstances described in your personal statement. The statements should be from adults who have direct knowledge of your situation, or a professional from whom you have sought assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy, etc. If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member.

The statements you submit must be **signed and dated** originals, but supporting documentation may be photocopies.

**CERTIFICATION**

All information provided in my petition for a dependency override is correct and true. I understand that the decision made on the basis of this petition only affects my application for financial aid at Occidental College. If I have provided false and/or misleading information in order to receive financial aid funds, I may be required to repay any funds and will be referred to the Judicial Council for possible violations of the Occidental College Code of Student Conduct.

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Student Signature

Date