FRANCISTUTTLE

FRANCIS TUTTLE - FINANCIAL AID
DEPENDENCY REVIEW

Academic year
2026–2027

STUDENT INFORMATION

Please type or print clearly using only blue or black ink.

Last name	First name		Middle Initial	FTTC ID
Local street address	**City**	**State**	**Zip code**	**Daytime phone number**

This form will not be processed if any items are left blank or illegible.
If clarification of your situation is necessary, additional information or documentation may be required.

PURPOSE

Use this form to request a review of your dependency status. Dependency appeals are only approved for documented extenuating circumstances (i.e., abuse, abandonment, etc.).

PROCESSING REQUIREMENTS

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

1. Parents refuse to contribute to the student's education.
2. Parents are unwilling to provide information on the application or for verification.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Unusual circumstances **do** include an abusive family environment or abandonment by parents, and may cause any of the above conditions. In such cases, a dependency override might be warranted.

If there are no unusual circumstances that would qualify you for a dependency review, you must correct your FAFSA and include your parent's information on it.

INSTRUCTIONS

1. **You must complete the 2026–2027 FAFSA online at fafsa.gov without parent information before submitting this form.** You will receive an email from the U.S. Department of Education explaining that your FAFSA was placed in a provisional independent status. Your FAFSA will remain in this status until a dependency override has been processed and approved.
2. Select your unusual circumstance below and attach supporting documentation or third-party letters.
3. Submit a signed personal statement that explains your unusual circumstance.
4. **Submit this form** and supporting documentation to the Financial Aid Office in person at the Rockwell Welcome Center, Suite A1006, or mail them to Francis Tuttle Technology Center, Financial Aid Office, 12777 N Rockwell Ave, Oklahoma City, OK 73142.

SECTION A: STUDENT INFORMATION — PLEASE SELECT YOUR UNUSUAL CIRCUMSTANCE(S), AND ATTACH THE NECESSARY DOCUMENTS FOR REVIEW. (SELECT ALL THAT APPLY. IF YOU HAVE A CIRCUMSTANCE NOT LISTED BELOW, PLEASE DISCUSS YOUR SITUATION WITH A FINANCIAL AID SPECIALIST BEFORE SUBMITTING THIS REVIEW.)

☐ **One or both of my parents are incarcerated.**

Please submit the following documents:

- Incarceration documentation for each parent.
- Your signed personal statement regarding your past and present relationship with both of your parents, including your parent(s) projected release date(s).
- If only one parent is incarcerated, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.

(CONTINUED ON REVERSE SIDE)

Last name	First name	Middle Initial	FTTC ID

☐ **One or both of my parents are institutionalized (i.e., mentally incapacitated or in terminal care).**

Please submit the following documents:

- Hospitalization documentation for each parent; or a signed letter on company letterhead from a health professional caring for each parent; or a notarized letter from the individual that has power of attorney over your parent(s).
- Your signed personal statement regarding your past and present relationship with both of your parents.
- If only one parent is institutionalized, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.

☐ **I left home due to an abusive family environment (i.e., physical, mental, sexual or drug/alcohol abuse).**

Please submit the following documents:

- **Two** signed letters on official letterhead from doctors, social workers, mental health professionals, clergy, police, lawyers, etc. that can attest to your situation.
- Letters from roommates, friends, family or employers may not be accepted unless those individuals are mentioned in a police report, child protective services report, court documents, or any official paperwork that will be submitted.
- Your signed personal statement regarding your past and present relationship with both of your parents.
- Attach a police report, child protective service report, court documents or any official paperwork if available.

☐ **I do not know where my parents are AND I am unable to contact them AND I have not been adopted.**

Please submit the following documents:

- **Two** signed letters on official letterhead from doctors, social workers, mental health professionals, clergy, police, lawyers, attorneys, etc. that can attest to your situation.
- Your signed personal statement regarding your past and present relationship with both of your parents, including the date and type of last contact, methods used to locate parents since your last contact, and list any financial support given since last contact with your parent(s).
- The fact that your parent(s) live in another country, by itself, does not qualify as an unusual circumstance, per federal regulations.
- If only one parent's whereabouts are unknown, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.

☐ **One or both of my parents are deceased.**

Please submit the following documents:

- Death certificates or obituaries for each parent.
- If only one parent is deceased, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.

☐ **I was** approved for a dependency override by FTTC for the prior academic year and there have been **no changes** in my status**.**

Requirements:

- If your status hasn't changed, uncheck any of the above options and do not resubmit qualifying documentation, and submit this form.

SECTION B: STUDENT CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Signature	Date

If you need assistance to complete this form, please contact our office at (405) 717-4315 or by email at finaid@francistuttle.edu.