Lincoln University
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Office of Financial Aid

1570 Baltimore Pike
Lincoln University, PA 19352-0999

484-365-5300 phone
484-365-8198 fax
financialaid@lincoln.edu

2027-2028

Request for Dependency Override

Federal regulations (Public Law 103-235, Sec 480(d) requires the Office of Financial Aid to consider parent information and expect a parent contribution for students. We may be able to override your dependent status if unusual circumstances exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual circumstance (i.e. abusive family environment, documented abandonment, and/or documented drug dependency), you may request a review of your dependency status. Any situation resulting from choice, rather than necessity due to unusual circumstances would not be considered for review.

However, none of the conditions listed below, singly, or in combination, qualify as unusual circumstances or merit a dependency override:

1. Parents refusal to contribute to student's education;
2. Parents 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.

Required Documentation

In order for our office to consider your request for a review of your dependency override, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms:

- A "Student Statement", (e.g., completed by the student),
- "Third Party Affidavit" (must submit two) by parties who are at least 25 years old and know the student and are familiar with your circumstances.
    - Professional/non relative (e.g., clergy, teacher, counselor, social worker)
- Copy of court documents or any pertinent documents that can confirm your situation.

SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE OFFICE OF FINANCIAL AID.

_____
Student's Signature

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Office of Financial Aid
Student Statement

Student's Name	Student ID #
Mother's Name	Mother's Address
Father's Name	Father's Address

Please **type or print legibly** your reason for a dependency override. You must provide detailed information surrounding your situation and any documentation to support your request. **In addition to your statement, please provide a brief response to each of the following questions**.

1. Do you currently live with your parent(s)? Yes or No
   If you are not living with your biological parent(s), with whom do you live with and where?

2. How long have you not lived with your parent(s)?

3. Were you placed out of your parent(s) home by the Department of Social Services?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

Student's Signature	Date

SUBMIT THIS STATEMENT WITH ALL OTHER REQUIRED DOCUMENTS TO THE OFFICE OF FINANCIAL AID.

27-28 PJ FORM
REV. 11/10/2026

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Review of Dependency Status
Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with their circumstances.)

_____ _____
Student's Name Student ID #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

   _____
   _____
   _____

3. Why is the student unable to provide parent information for financial aid purposes?

   _____
   _____
   _____

4. What is the last date that the applicant:
   a). Received financial support from parents?

   _____ _____
   Month/Year

   b). Lived with parents?

   _____
   Month/Year

5. How is the student currently supporting himself/herself?

   _____
   _____
   _____

Name: _____ Age: _____
Contact #: _____ Relationship to student: _____
Address: _____
Phone # _____ Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

_____ _____
Signature Date

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Review of Dependency Status
Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with their circumstances.)

_____ _____
Student's Name Student ID #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

6. How long have you known the student? _____

7. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

_____
_____
_____

8. Why is the student unable to provide parent information for financial aid purposes?

_____
_____
_____

9. What is the last date that the applicant:
a). Received financial support from parents?

_____ _____
Month/Year

b). Lived with parents?

_____
Month/Year

10. How is the student currently supporting himself/herself?

_____
_____
_____

Name: _____ Age: _____
Contact #: _____ Relationship to student: _____
Address: _____
Phone # _____ Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

_____ _____
Signature Date