



Lincoln University
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www.lincoln.edu

Office of Financial Aid

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2024-2025

**Office of Financial Aid
Request for Dependency Override Continuation**

If you have requested and been approved for a Dependency Override prior to 2024-2025 academic year, you will need to complete the statement below:

I _____ **certify to the fact that my circumstance(s) for independency has not**
print fullname
changed since last academic year.

Below please provide a typed detailed statement of your current situation.

By signing this statement, I acknowledge that I may need to re-verify my independency every academic year.

Student's Signature

Student ID #

Date