FINANCIAL AID OFFICE

2003-2004 REQUEST FOR REVIEW OF DEPENDENCY STATUS

A student is considered a "dependent" student and must provide parental information unless the student meets one of the following conditions:

- was born **before** January 1, 1980
- is an orphan or ward/dependent of the court or was a ward of the court until age 18
- is a veteran of the U.S. Armed Forces
- will be working on a degree beyond a bachelor's degree in 2003-2004
- is married
- has legal dependents other than a spouse

OR

• is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

Unusual Circumstances

SBVC may be able to change your dependency status if unusual circumstances exist **that make it impossible for you to have contact with your parents**. Examples of unusual circumstances are:

- a parent is in prison or is hospitalized;
- you have been physically, sexually, or mentally abused by one or both parents;
- you moved out of your parent's home when you were under 18 years of age

If your family situation involves an unusual circumstance such as those described above, you may request a review of your dependency status. All requests will be reviewed by the Financial Aid Committee, but not all requests are granted.

Note: Being considered independent does not automatically make you more eligible for financial aid. You may actually have more financial aid eligibility as a dependent student.

Required Documentation

In order for the Financial Aid Office to consider your request to review your dependency status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms. **Do not leave any question blank.** If any part of any form is left blank it will not be accepted.

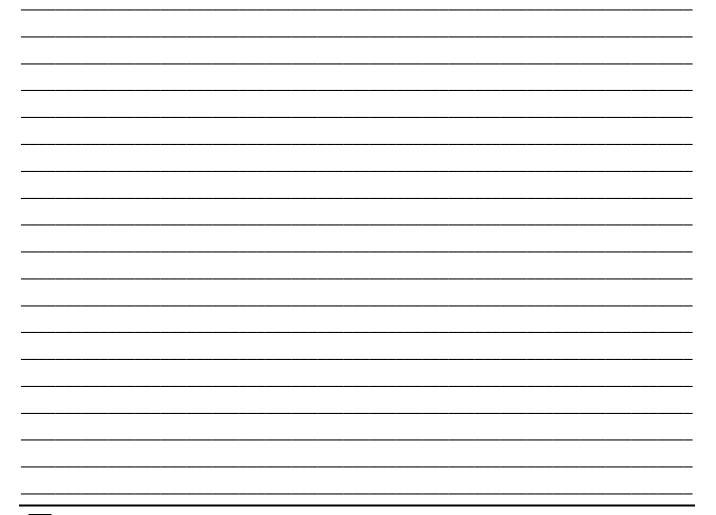
- A personal statement of explanation (be specific), and
- Completion of "Student's Statement of Information", and
- Completion of two (2) "Affidavit In Lieu Of Parent's Information" from a third party such as: clergy, teachers, counselors, or social workers who can verify your situation. Affidavits from relatives, other students and/or friends are not considered an independent third party and will not be accepted.

SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE

FINANCIAL AID OFFICE 2003-2004 PERSONAL STATEMENT OF EXPLANATION For Review of Dependency Status

Student's Name:			SSN:	
	Last	First	Middle	

Please print or type below your statement of "unusual circumstances", detailing why you feel the Financial Aid Office should change your status. (If you need additional space, please continue on the back of this form.)



I M P O R T A N T

CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. <u>I understand that I must report changes of the above information to the Financial Aid Office</u>.

Student's Signature

FINANCIAL AID OFFICE 2003-2004 STATEMENT OF INFORMATION (To Be Completed By The Student) Do not leave any question blank

udent's Name:			SSN:		
	Last	First	Middle		
١	Where are your parents currentl	ly residing?			
Ν	Mother's Address:				
F	Father's Address:				
١	When is the last time you:				
6	a) received support from	Mother/	Father	/ MONTH YEAR	
k	b) lived with	Mother/		/ MONTH YEAR	
١	Why are your parents unable to			ce use the back of this for	
	5 5 1				
- - 	How have you supported yourse	elf since you left your famil	Y? (if you need more space us	e the back of this form)	
- - - -	How have you supported yourse	elf since you left your famil	Y? (if you need more space us	e the back of this form)	
-	How have you supported yourse What was your income and/or r		Y? (if you need more space us	e the back of this form)	
-			Y? (if you need more space us 2001 1/1/01 - 12/31/01	2002	
- - \		resources in? 2000	2001	2002	
- - \ \	What was your income and/or r	resources in? 2000	2001	2002	
- - \ \	What was your income and/or r	resources in? 2000	2001		
- - \ \ E F	What was your income and/or r Income/Wages Savings Benefits (SSI, GR, etc.) Financial Aid	resources in? 2000	2001	2002	
- - - \ \ E E F (What was your income and/or r Income/Wages Savings Benefits (SSI, GR, etc.)	resources in? 2000 1/1/00 - 12/31/00	2001	2002	

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FINANCIAL AID OFFICE 2003-2004 AFFIDAVIT IN LIEU OF PARENT'S INFORMATION **Do not leave any question blank.** If any part of this form is left blank it will not be accepted.

Student's Name:				SSN:	
		Last	First	Middle	
					parental information due to unusual g the following questions.
1)	How long ha	ve you known the	student?		-
2)	Please provid parents.	de a statement rega	arding your knowled	ge of the studer	nt's family history and relationship with
3)	What is the	ast date:			
	Student rece	ived financial supp	ort from parents?	///////	YEAR
	Student lived	d with parents?		/////////	YEAR
4)	How is the s	tudent currently su	pporting himself/he	rself?	
Name	of Person Cor	mpleting Form:			Age:
					#: ()
Addres	ss:				

**** NOTE:** The person completing this form may be contacted to verify the information being provided. **** Certification:** I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge.

FINANCIAL AID OFFICE 2003-2004 AFFIDAVIT IN LIEU OF PARENT'S INFORMATION **Do not leave any question blank.** If any part of this form is left blank it will not be accepted.

Student's Name:				SSN:	
		Last	First	Middle	
					parental information due to unusual g the following questions.
1)	How long ha	ve you known the	student?		-
2)	Please provid parents.	de a statement rega	arding your knowled	ge of the studer	nt's family history and relationship with
3)	What is the	ast date:			
	Student rece	ived financial supp	ort from parents?	///////	YEAR
	Student lived	d with parents?		/////////	YEAR
4)	How is the s	tudent currently su	pporting himself/he	rself?	
Name	of Person Cor	mpleting Form:			Age:
					#: ()
Addres	SS:				

**** NOTE:** The person completing this form may be contacted to verify the information being provided. **** Certification:** I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge.