FINANCIAL AID OFFICE

2004-2005 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, 1981
- 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 2004-2005
- 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.

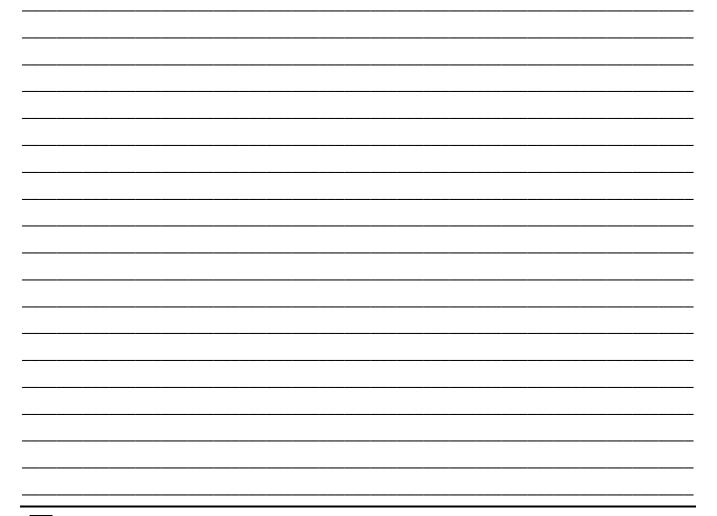
- A personal statement of explanation (be specific), and
- Completion of "Student's Statement of Information", and
- Completion of two (2) "Affidavit In Lieu Of Parent's Information" from a third party such as: clergy, teachers, counselors, or social workers who can verify your situation. *Affidavits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

SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE

FINANCIAL AID OFFICE 2004-2005 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 2004-2005 STATEMENT OF INFORMATION (To Be Completed By The Student) Do not leave any question blank

Jd	ent's Name:	SSN:				
	Last	First	Middle			
	Where are your parents currently	/ residing?				
	Mother's Address:					
	Father's Address:					
	When is the last time you:					
	a) received support from	Mother/	Father	/ MONTH YEAR		
	b) lived with	Mother/		/ MONTH YEAR		
	Why are your parents unable to	provide support or inform	ation? (if you need more space	e use the back of this for		
	What was your income and/or re	esources in?				
		2001 1/1/01 - 12/31/01	2002 1/1/02 - 12/31/02	2003 1/1/03 - 12/31/03		
	Income/Wages	<u></u>				
	Savings					
	Benefits (SSI, GR, etc.)		·			
	Financial Aid					
	Financial Aid Cash Support from Others					
	Financial Aid					
	Financial Aid Cash Support from Others					

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FINANCIAL AID OFFICE 2004-2005 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.

Studer	nt's Name:	Last	First	Middle	SSN:	
				•	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	nding your knowledg	ge of the studer	nt's family history and relationship with	
3)	What is the last date:					
	Student rece	eived financial supp	ort from parents?	//	YEAR	
	Student lived	d with parents?		//	YEAR	
4)	How is the student currently supporting himself/herself?					
Name	of Person Cor	mpleting Form:	PLEASE PRIN	T CLEARLY	Age:	
Relatio	nship to Stud	lent:		_ Phone	#: ()	
Addres	S:					

**** 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 2004-2005 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.

Studer	nt's Name:	Last	First	Middle	SSN:	
				•	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	nding your knowledg	ge of the studer	nt's family history and relationship with	
3)	What is the last date:					
	Student rece	eived financial supp	ort from parents?	/	YEAR	
	Student lived	d with parents?		//	YEAR	
4)	How is the student currently supporting himself/herself?					
Name	of Person Cor	mpleting Form:	PLEASE PRIN	T CLEARLY	Age:	
Relatio	nship to Stud	lent:		_ Phone	#: ()	
Addres	S:					

**** 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.