



San Bernardino
Valley College

FINANCIAL AID OFFICE

Financial Aid Office Use Only

☐ Approved ☐ Denied

2015-2016 Request for Continuation of Dependency Override Status

Please complete the **Request for Continuation of Dependency Override**, if your unusual or extenuating circumstances still exist, so that the office can determine your dependency status for the 2015-2016 academic year. The Financial Aid Office will determine your eligibility for a continuation of a dependency override.

Last Name

First Name

Middle Name

Student ID #

Street Address

City

State

Zip Code

[] I understand that a Dependency Override is granted on an annual basis, and that I must **reaffirm** the unusual or extenuating circumstances remain unchanged, that led to my approved Dependency Override appeal during the 2014-2015 academic year.

If your status remains unchanged, you must sign and complete both sides of this form, which includes the following information:

- The whereabouts/location of your biological or adoptive parents.
- Describe the last time you had contact with either parent in the last year (when, where and the nature of contact).
- Describe how you supported yourself during the past year (shelter, food, clothing, transportation, medical care, etc.).
- Any other special circumstances that you believe we should consider that relates to your appeal to be considered an Independent student for the 2015-2016 academic year.

Student Signature

Date



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Personal Reaffirmation Request for Continuation of Dependency Override Status

1. What is your current situation and why should you still be treated as an Independent student?
2. The whereabouts/location of your biological or adoptive parents. Please also include the last time you had contact with either of your parents within the last year, if applicable, and the nature of the contact.
3. How do you support yourself and meet your living expenses? Please include amounts below:
4. Any other special circumstances that you believe we should consider that relates to your appeal to be considered an Independent student for the 2015-2016 academic year.

By signing this form I am confirming that all information provided in my request for a dependency override is true and correct. I understand the decision made on the basis of this petition only affects my application for financial aid at San Bernardino Valley College. I also understand, if it is discovered that I have provided false and/or misleading information in order to receive financial aid funds, I will be required to repay any funds that were disbursed to me as a result of approval of this request. ***In accordance with federal regulations, if you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.***

Student's Signature

Date