REQUEST FOR DEPENDENCY STATUS CHANGE

Student's Name _____ Birth Date_____
Student ID # _____ Phone # (___)_____
Address _____
Street City State Zip Code

Federal student aid programs are based on the premise that you and your family bear the primary responsibility for financing your education. However, the federal government recognizes exceptions to this rule. Under **certain conditions**, the Student Financial Services office may be able to grant an otherwise dependent student, independent status. Students may request an override based on unusual or extenuating circumstances.

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

Circumstances warranting a review include:	**Circumstances NOT warranting a review include:**
Unstable family situation (i.e. physical or emotional abuse)	Parent(s) refusal to provide data for the FAFSA
Abusive family environment	Parent(s) do not claim the student for income tax purposes
Abandonment by parents	Student demonstrates self-sufficiency
Social Services, police or legal intervention	Student choosing not to live with parent(s)
Other relevant unusual circumstance	Student reluctant to request the income data from parents
	Student does not wish to communicate with parent(s)

If you feel your situation warrants an override, please carefully read and complete all sections of the Dependency Override form and provide the required documentation.

SECTION ONE: Reasons for Override Request and Required Documentation:

1. **Check the circumstance(s) that applies to you and provide our office with the required documentation along with this form:**

❑ **I come from a dysfunctional family situation**. (The dysfunction is a result of physical or emotional abuse, drug or alcohol abuse or other situation that makes it impossible to live with and be supported by your parent(s))

❑ **My custodial parent has died and I do not have any contact with the other birth/adoptive parent**. (**Documentation Required**: Attach death certificate of the deceased birth/adoptive parent)

2. **Documentation to Provide:**

❑ **Personal Statement by Third Party REQUIRED**

- Attach a signed letter from a third-party professional**,** such as a counselor, social worker, teacher, clergy, police, etc. Please have this individual follow the instructions on the attached "Third Party Professional Certification" form. Letter must be on organizations letterhead. ***Letters from other students and/or friends/family are not considered an independent third party and will not be accepted.***

❑ **Additional Supporting Documentation if available**

- Any court or police records to verify your family situation or other legal documentation that would explain why parental information should not or cannot be obtained for your financial aid

❑ **File a FAFSA on the Web (www.fafsa.gov) or CA Dream Act Application (www.caldreamact.org)**

- Complete a FAFSA or California Dream Act Application using student information only for the appropriate academic year. If the request is denied, we will request parent information and signatures at that time.

SECTION TWO: Additional Information – Answer all questions:

1. **What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been going on?**

2. **How do you support yourself and meet your living expenses?**

3. **Do your parent(s) provide health insurance?** ❑Yes ❑No

4. **Do your parent(s) provide auto insurance?** ❑Yes ❑No

5. **When is the last time you:**

   a. Had contact with ➔ Mother_____/_____ (Month Year) Father_____/_____ (Month Year)

   b. Lived with ➔ Mother_____/_____ (Month Year) Father_____/_____ (Month Year)

   c. Received support from ➔ Mother_____/_____ (Month Year) Father_____/_____ (Month Year)

6. **Report parent(s)' name and current address:**

Father's Name _____ Phone # (____) _____

Address _____ ❑ Check Here if Unknown
(Street City State Zip Code)

Mother's Name _____ Phone # (____) _____

Address _____ ❑ Check Here if Unknown
(Street City State Zip Code)

SECTION THREE: Describe your extenuating circumstances.

Explain in detail your relationship with both parents to address the breakdown in family structure caused by abuse, abandonment, estrangement, or neglect, including timeline of events. (Information submitted is kept confidential.)

___Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

Certification: I certify that the information provided is true and correct. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial or repayment of financial aid. I understand that if I move back with my parents or receive any kind of support from them, I must report this to Student Financial Services immediately. I authorize the Student Financial Services office to contact the third party and verify all information supplied on their form.

Signature _____ Date _____

FOR OFFICE USE ONLY: Based upon professional judgment, this petition has been _____ approved _____ denied

Comments:

Director of Student Financial Services _____ Date _____

COLUMBIA COLLEGE
STUDENT FINANCIAL SERVICES
DEPENDENCY OVERRIDE REQUEST
THIRD PARTY PROFESSIONAL CERTIFICATION

STUDENT'S NAME: _____ _____
Last *First* *M.I.* *Student ID #*

Student's Instructions:

Your Dependency Override Request must be verified and documented by a third party professional who is aware of your situation and can substantiate the facts you present. ***Examples of such persons include a high school counselor, teacher, social worker, clergy, physician, lawyer, or family therapist****. Give this form to this individual who will need to attach a separate letter addressing, in detail, the specifics of your case.*

Note:
A statement from other students and/or friends are not considered an independent third party and will not be accepted.

THIRD PARTY CERTIFICATION:

The above named student has applied for financial aid at Modesto Junior College and has indicated to our office that he/she is unable to provide us with parent information due to extraordinary family circumstances.

Please attach a separate letter of documentation **(on letterhead)** and provide a statement regarding your knowledge of the student's family history and the relationship with his/her parents. The following is a list of information that must be included:

1. What is your professional relationship to the student?
2. How long have you known the student?
3. What is your knowledge of the relationship between the student and parents?
4. When is the last date, to your knowledge, the student lived with his/her parent(s)?
5. Also include: your professional title, name and type of business, business address and phone number, and whether you are available for a telephone conversation.
6. **Sign** your statement.

Return this form with your letter of documentation to the student or mail directly to:

Columbia College Financial Aid Office 11600 Columbia College Dr, Sonora, CA 95370

Phone: 209-588-5105 Fax: 209-588-5391