

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2011-2012 APPEAL FOR DEPENDENCY STATUS FORM

Name _____

SSN/ID _____

This form is for dependent students who do not meet the federal criteria for "independent" status but wish to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes. Students who are estranged from their parents due to extreme circumstances (e.g., child abuse, abandonment, family alcoholism or drug abuse, etc.) which can be documented by an objective third party (e.g., pastor, high school or college counselor, a social service agency official, etc.) may qualify for this professional judgment treatment.

Complete and submit this form along with the required documentation to the Financial Aid Office. After this request and your documentation are reviewed, we will notify you in writing with our decision.

Please note: The information you provide will be confidential.

Required Documentation:

- ☐ **A letter explaining the reason for your request that:**
Details the circumstances under which you are appealing to be considered an independent student (provide as much information as possible).
- ☐ **A minimum of two signed statements from objective third parties** (e.g., pastor, high school or college counselor, a social service agency official, etc.) who:
Were aware and can verify your circumstances..
***Note:** A person who can only verify that you told him/her about your circumstances does not meet this criterion.
- ☐ **Additional supporting documentation (e.g. court documents) if available.** This information could strengthen your appeal.

FAFSA: Have you already submitted a 2011-2012 Free Application for Federal Student Aid (FAFSA)?

- ☐ **Yes:** Submit this form with the required documentation outlined above.
- ☐ **No:** Complete a 2011-2012 FAFSA at www.fafsa.ed.gov. If you are unable to provide parental information, you may still submit your FAFSA. However, if you choose not to provide parental information, your application will remain incomplete until this appeal is approved. If this appeal is not approved, you will be required to update your FAFSA to include your parents' information.

The person signing this form certifies that all information reported on it is complete and correct.

Student's Signature

Date

FOR OFFICE USE ONLY

☐ Approved ☐ Denied

By: _____ Date: _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

