

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

2013-2014 APPEAL FOR DEPENDENCY STATUS FORM

Student's Name: _____ Student ID #: _____

Date of Birth: _____ Phone Number: _____

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 your appeal is reviewed, the Financial Aid Office will notify you in writing of the decision.

NOTE: A parent's unwillingness to provide information is not sufficient grounds for performing a change in dependency status.

Explanation of Circumstances (Complete for Biological/Adoptive Parent)

- When was the last time you lived with your:** Father _____ Mother _____
Month/Year Month/Year
- When was the last time you had any contact with your:** Father _____ Mother _____
Month/Year Month/Year
- When did you last receive support from your:** Father _____ Mother _____
Month/Year Month/Year
- Submit 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).

Documentation

- Submit 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: The documentation must be complete and specific and must describe the person's own direct, firsthand experience with your family's circumstances. It should not be a statement of your comments.
- Submit additional supporting documentation** (e.g. court documents) if available. This information could strengthen your appeal.

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

