



2009-10 REQUEST TO CHANGE DEPENDENCY STATUS (DEPENDENCY OVERRIDE)

The Financial Aid Office may consider exceptional circumstances to allow an otherwise dependent student to apply for aid without parental financial information.

- Only extreme, documentable cases in which parents' information cannot be obtained due to estrangement will warrant a change from dependent to independent status.
- Parental refusal to provide financial information, refusal to assist with educational costs, a student decision to live separately from parent, or a student decision to be independent are not, by themselves, valid reasons for a dependency override.

PART I – Student Statement – to be completed by the student

Separate Address Verification

Student Name _____ Date of Birth _____

Address _____

Mother's Name _____

Address _____

Father's Name _____

Address _____

Financial Support: What was your total income for the year:

2007 \$ _____ Living arrangements: _____

2008 \$ _____ Living arrangements _____

2009 \$ _____ Living arrangements _____

When was the last date you lived with your parent(s)? Month _____ Year _____

When was the last date your received financial support from parent(s)? Month _____ Year _____

Describe your relationship with your parents and why they are unable to provide you with their financial information:

Student Signature: _____ Date _____

Student Name _____

Part II – Counselor Statement – to be completed by your counselor

Verification of Family Circumstances

This section is to be completed by an individual who has an established professional counseling relationship with the student and/or family (social worker, professional counselor, clergy, high school guidance counselor, etc.).

- A statement from a family member, relative, or friend does not meet this requirement.
- A statement on business letterhead that addresses the statements below can be submitted instead of this page 2.

Describe your professional relationship to the student:

Explain your knowledge of the student’s estrangement from family:

State why you feel the student is unable to provide parental information.

Indicate the last date you are aware of the student’s contact with parents: ____ / ____ / ____

Please provide any additional information that will assist us in determining the dependency status of this applicant:

Your Name: _____

Employer: _____ Your title: _____

Business Address _____

Business Phone _____

Signature: _____ Date _____

Please return the Student Statement *and* Counselor Statement in a confidential envelope to:
Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720