

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