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2023-24 West Valley / Mission Community College District – Financial Aid REQUEST FOR REVIEW OF DEPENDENCY STATUS

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PERSONAL STATEMENT OF EXPLANATION

For Review of Dependency Status

Please, print or type your <u>detailed</u> statement of 'unusual circumstances' as to why you feel the Financial Aid Office should make an override to your dependency status. (If you need additional space, please continue on the back of this form.)

I, hereby, certify that the above statement and information provided used to override Federal Regulations regarding my dependency status. If I purposely give false or misleading information on this form, I may be fined \$10,000, sent to prison, or both.

Further, I understand

STUDENT STATEMENT OF INFORMATION

STUDENT NAME:	ID#:
West Valley / Mission Community	
THIRD-PARTY SUPPOI	RTING STATEMENT #1
Statement must be written by a Third Party professional corroborate the facts presented by the student. In order for a Review of Dependency Status, we need additional appossible to explain the student's situation.	for the WV Financial Aid Office to consider a request

I hereby certify that the above information contained in my statement is true and complete.		
Name (Third-Party)	Title	
Address	Phone Number	
Signature	 Date	

STUDENT NAME:	ID#:
•	nity College District – Financial Aid ORTING STATEMENT #2
	tal who is aware of the student's situation and can ler for the WV Financial Aid Office to consider a request al documentation. Please provide as much information

I hereby certify that the above information contained in	n my statement is true and complete.
Name (Third-Party)	Title
Address	Phone Number
Signature	Date