

Name: \_\_\_\_\_

ID# \_\_\_\_\_

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

Is the student currently a dependent of a parent or guardian?  
If yes, please provide the name and address of the parent or guardian.

Yes

PLM02

-325, Se480(d) bsp

Are there any other persons who claim to be the student's parent or guardian?  
If yes, please provide the name and address of the person.

Yes

- We are not, 2000?
- As a student (A.S. student)
- Will you be attending 2023-2024?
- Are you a U.S. Adult?
- Are you a U.S. Adult? ?
- Do you have a job? (JUL, 2023, JUL, 2024?)
- Do you have a job? (JUL, 2023, JUL, 2024?)
- Are you 13, or older?
- Are you a dependent of a parent or guardian?
- Are you a dependent of a parent or guardian? 1, 2022, dependent
- Are you a U.S. Adult? (JUL, 2022, dependent)
- Are you a U.S. Adult? (JUL, 2022, dependent)

## Unusual Circumstances\*

West Valley Community College District  
11111  
11111



# PERSONAL STATEMENT OF EXPLANATION

## For Review of Dependency Status

*Please, print or type your detailed 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.)*

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I, hereby, certify that the above statement and information provided is true and correct. I understand that it may be 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 College District – Financial Aid  
THIRD-PARTY SUPPORTING STATEMENT #1**

*Statement must be written by a Third Party professional who is aware of the student's situation and can corroborate the facts presented by the student. In order for the WV Financial Aid Office to consider a request for a Review of Dependency Status, we need additional documentation. Please provide as much information possible to explain the student's situation.*

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I hereby certify that the above information contained in my statement is true and complete.

\_\_\_\_\_  
Name (ThirdParty)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STUDENT NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

**West Valley / Mission Community College District – Financial Aid**  
**THIRD-PARTY SUPPORTING STATEMENT #2**

*Statement must be written by a Third Party professional who is aware of the student's situation and can corroborate the facts presented by the student. In order for the WV Financial Aid Office to consider a request for a Review of Dependency Status, we need additional documentation. Please provide as much information possible to explain the student's situation.*

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I hereby certify that the above information contained in my statement is true and complete.

\_\_\_\_\_  
Name (ThirdParty)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date