

- We are not, 2000?
- As a result (A...)
- Why not in 2023-2024?
- Are you U.S. A...?
- Are you U.S. A... ?
- Do you have a...
 Jul, 2023, ... 20, 2024?
- Do you have a...
 ... 20, 2024?
- At ... 13, ...
- As a result of ...
- At ... 1, 2022, ...
- At ... Jul, 2022, ...
 U.S. Dept of ...
- At ... Jul, 2022, ...

Unusual Circumstances*

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 At ... Jul, 2022, ...
 U.S. Dept of ...
 At ... Jul, 2022, ...

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.)

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.

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.

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

Name (ThirdParty)

Title

Address

Phone Number

Signature

Date