Feather River College
Financial Aid

Clear Form

2018-2019 Dependency Override RENEWAL Request

File your 2018-19 FAFSA or CA Dream Act application prior to submitting this form.

A. Student Information

Student's Name:_____ FRC ID: | | | | | | | | | |

B. Aid Application

◯ FAFSA Application ◯ CA Dream Act Application

C. Information

This request is only for students who had an **approved** Dependency Override Appeal at Feather River College for the 2017–18 academic year. **Note:** if you previously completed a Dependency Override due to homelessness or self-supporting and at risk of homelessness or similar circumstances, please **stop** and contact the Financial Aid Office.

A student with an **approved** Dependency Override Appeal for the 2017-2018 aid year at FRC who does not meet the federal criteria for independent status on the 2018-2019 FAFSA or CA Dream Act application may submit this Dependency Override Renewal Request. Upon receipt of your request, our office will determine if circumstances continue to exist for granting independent status.

I understand that if my Dependency Override Renewal Request is approved additional documents may be required to complete my financial aid application (*once FRC has updated my FAFSA or CA Dream Act application to reflect my Independent Status*). I am responsible for submitting all requested documents in a timely fashion.

D. Personal Statement – In the space below, provide a detailed explanation of the unusual & extenuating circumstances that remain unchanged, which led to your approved independent status during 2017-2018. If you require additional space, please attach pages as necessary.

_____
_____
_____
_____
_____
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_____

E. Certification and Signatures – Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ Date_____

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

For Office Use Only

☐ D/O Renewal Approved ☐ Update RNAOV19 *dependency* field to "**I**" for independent

☐ D/O Renewal Denied

Comment(s) Supporting Decision:

Processed/Reviewed By: Date:

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