



# Feather River College – Financial Aid Office

## 2016-2017 Dependency Override RENEWAL Request

Student Name: \_\_\_\_\_ FRC ID#: \_\_\_\_\_

FRC E-mail Address: \_\_\_\_\_

Aid Application:       FAFSA       CAL Dream Act

**This Request is ONLY for those students who had an APPROVED Dependency Override Appeal at Feather River College for the 2015 – 2016 academic year.**

A student with an **APPROVED Dependency Override Appeal** for the 2015-2016 aid year at FRC who does not meet the federal criteria for independent status on the 2016-2017 FAFSA or CAL Dream 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.

**\*\*\*\*File your 2016-2017 FAFSA or CAL Dream App PRIOR to submitting this form. \*\*\*\***

### STEP 1: PERSONAL STATEMENT

**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 2015-2016.

### STEP 2: STUDENT CERTIFICATION

I certify that the information provided on this form is true and complete. I understand that if my Independent Status Renewal Request is approved additional documents may be required to complete my financial aid application (once FRC has updated my FAFSA or CAL Dream App to reflect my Independent Status). I am responsible for submitting all requested documents in a timely fashion.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.  
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

### OFFICE USE ONLY

DEPENDENCY OVERRIDE RENEWAL APPROVED       DEPENDENCY OVERRIDE RENEWAL DENIED

Comments Supporting Decision \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_