



**Feather
River
College**

**2010-2011
Financial Aid Department
570 Golden Eagle Avenue
Quincy, CA 95971
FAX (530) 283-4659**

APPEAL FOR INDEPENDENT STATUS

IMPORTANT NOTE: This petition is valid for only one school year. If you will be applying for aid at FRC next year without parent information, you will need to reaffirm your status.

Student Name: _____ Student ID #: _____

Address: _____
Street City State Zip Code

E-mail Address: _____ Local Phone: _____

Appeals for independent status for the FAFSA are reviewed on an individual basis. Federal regulations state that none of the conditions listed below, singly or in combination, qualify a student for a dependency override:

- 1) Parents refuse to contribute to the student's education
- 2) Parents are unwilling to provide information on the FAFSA or for verification
- 3) Parents do not claim the student as a dependent for income tax purposes
- 4) Student demonstrates total self-sufficiency.

Examples of circumstances that might result in approval of a dependency override are an abusive family environment or abandonment by both parents.

Required Documentation: Four items are required for this appeal to be processed. The required third party statements may be submitted with this appeal form and the student's personal statement or they may be submitted to the FRC Office of Financial Aid under separate cover. Please be sure that your name and student ID number are included on each statement.

STUDENT'S PERSONAL STATEMENT: A signed, dated statement that clearly outlines the extenuating circumstances you believe qualify you as an independent student. Information provided with this appeal is confidential.

TWO THIRD-PARTY STATEMENTS: A minimum of two third-party statements are required from responsible adults who are aware of your situation and who can verify the facts you present. One of these letters may be written by a relative or adult friend; the other or both letters must be written by a professional on agency letterhead and must include their title, phone number and address. Acceptable sources of the professional letter(s) are:

Clergy member
Attorney
School counselor or teacher
Medical doctor
Mental health professional
Law enforcement officer
Case worker, such as Department of Human Services
Officers of the court

CERTIFICATION: I hereby certify that all information reported in this appeal, including my personal statement and other documentation, is true and complete to the best of my knowledge. If asked, I agree to provide further documentation of the statements provided with this petition. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature _____ Date _____

OFFICE USE ONLY

Approved Denied Pending Return to student

Processed by _____ Date _____