

A Great Place To **Start**™

A Member of the Alabama Community College System

Office of Financial Aid Request for a Dependency Status Review

Name:	Bishop State ID Number	
Address:		
Phone Number:	Student Email:	@bishop.edu
Financial aid regulations state that deper and signatures to be considered for finan- you may petition for a waiver of the fed	ncial aid. If you have documentable extra	raordinary circumstances,
The following documentation is requi	red:	
situation, describing the extraord dependency status review to be of following questions: Are both parents listed on you for verification purposes)? When and where was the last nature of the contact? How have you been supporting parental support?	thorough written explanation including linary circumstance(s) that have caused considered independent. Within this state our birth certificate (please provide a copt time you had contact with each of your ng yourself? When did you start covering	you to request a tement, also address the by of your birth certificate r parents? What was the ng your expenses without
community (ex. Pastor, high sch	Professional: Provide TWO statements <i>tool counselor, etc.)</i> that are familiar with legal documentation that describes you <i>ents, death certificate, etc.)</i>	h your circumstances.
	Personal: Provide a supplemental letter ar situation explaining your circumstance	
CERTIFICATION: All of the information documentation is true and complete to the b special or unusual circumstance or provide understand that to be considered for depend understand that the determination of this recipive false or misleading information you	nest of my knowledge. If asked, I agree to gan explanation of why specific information ency override, I must provide all detailed in quest is final and cannot be appealed. WAI	cive any additional proof of cannot be provided. I also RNING: If you purposely
Student's Signature (no electronic signature, mus	t be original) Date	: