



2017-2018 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 2016 – 2017 academic year.

****If you previously completed a Dependency Override due to homeless or self-supporting and at risk of homeless or similar circumstances, STOP please contact the Financial Aid Office.****

A student with an **APPROVED Dependency Override Appeal** for the 2016-2017 aid year at FRC who does not meet the federal criteria for independent status on the 2017-2018 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 2017-2018 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 2016-2017.

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: _____