

2011-2012

RETURN TO:
Financial Aid Office
Santa Barbara City College
721 Cliff Drive
Santa Barbara CA 93109-2394

PHONE: (805) 730-5157
FAX: (805) 564-1893

| | | |
|--|-------|--------|
| Name of Financial Aid Applicant (print in ink) | | |
| _____ | | |
| Last | First | Middle |
| Student ID # K00 _____ | | |
| Phone # _____ | | |
| E-mail address _____ | | |

DEPENDENCY OVERRIDE REQUEST FORM

The basic premise for all need-based financial aid programs is that the primary responsibility for financing a student's postsecondary education rests with the student and his/her family. Student financial aid is intended to meet those educational costs which remain after the student's resources and an expected contribution from parent(s) have been taken into account.

Extenuating circumstances sometimes prohibit the financial assistance from a student's parent(s). Please explain why your parent(s) are unable/unwilling to assist you with your college education. Please attach a separate page to this form for your written statement of your extenuating circumstances. An additional statement is required from an outside source, which has firsthand knowledge of the situation.

Please identify all sources and amounts of your monthly income:

| <u>Income Source</u> | <u>Income Amount</u> |
|----------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please identify all monthly living expenses:

| | |
|-----------------|-----------------------|
| Rent _____ | Transportation _____ |
| Utilities _____ | Other (specify) _____ |
| Food _____ | _____ |

I hereby swear or affirm that all information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Additional information and documentation may be required.

Student Signature Date

.....
(for office use only)
Independent override: Approved _____ Denied _____ Received by _____

Authorized Signature Date _____