

# SAN DIEGO MESA COLLEGE

## Financial Aid

Dependency Petition Deadlines (due by Noon)

Fall 2013	11/29/2013
Spring 2014	05/02/2014
Summer 2014	06/27/2014

### Dependency Petition 2013-2014

**Student Name:** \_\_\_\_\_

**Social Security#** \_\_\_\_\_

**CSID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Financial aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

**It is not relevant** if: Your parents did not claim you as an exemption; or if you supported yourself; or if they are unwilling or unable to pay; or if you don't communicate with them, or if it is difficult to acquire their information.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. Examples may include physically abusive relationships, former wards of the court, refugees, political asylees, incarcerated parents, etc. If you have similar exceptional circumstances, please describe these in detail and [attach all documents that support your circumstances]. In your petition you should answer each of the following. **On a separate piece of paper**, in paragraph format, please answer all of the following questions:

1. Identify the location of both of your parents.
2. Describe the last time you lived with or had contact with each of your parents. When, where, and the nature of the contact.
3. Explain why you cannot obtain parental information please be clear & specific.
4. Describe how you have been self-supporting; **a)** when did you start meeting your expenses without parental support and **b)** how have you provided for yourself? Attach documentation such as 2012 IRS Tax Transcripts, W-2's etc.
5. Must include Two (2) letters on letterhead stationary from objective third party and/or professional individuals, such as a high school counselor, case worker, rabbi, minister, therapist, or other professional **who can confirm** the unusual or extenuating circumstances in your family from their perspective as witnessed \*. These statements should include the following information:
  - Their relationship to you and your parents
  - Full Name, Address, Telephone Number & Email Address
  - Their understanding of your family circumstances,
6. Any other supporting documentation such as proof of parent(s) abandonment or abuse, court documents, police reports, or certificate of death.

**I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form. I certify that any IRS Tax Transcripts that I have provided are true copies of the documents as filed with the IRS. I realized that giving false or misleading information may result in a \$20,000 dollar fine, a prison sentence or both.**

My signature below signifies that I have read and understand the above information and that the information provided for in this appeal is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[ ] approved [ ] denied

FAO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Adults who witnessed your circumstances first hand and can fully explain your situation.