



5. Explain how you support yourself and pay your living expenses, transportation expenses, college expenses?

\_\_\_\_\_

\_\_\_\_\_

6. In your own words, **describe the unusual circumstances**, events, family situation, which have lead to separation, and estrangement from your parents, causing you to lose contact with them and requiring you to be on your own and self supporting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL DEPENDENCY DETERMINATION REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENT (S), OR RECEIVE SUPPORT FROM THEM, I MUST REPORT THIS IMMEDIATELY TO THE FINANCIAL AID OFFICE.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SECTION II: TO BE COMPLETED BY THIRD PARTY PROFESSIONAL - Examples of third party professionals include such persons as teachers, counselors, clergy, social workers, social service personnel, court officials, and police officers.**

The information provided by the student must be verified by a third party professional, who is aware of the student's situation, and can corroborate the facts presented. As the third party professional, **you will need to provide a written statement that supports the situation described by the student.** The statement should include a clear description of the student's special or unusual circumstances and an explanation of how you have knowledge of this situation.

**Third Party Professional: Please attach your statement to this form and sign the following certification.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND I HAVE ATTACHED A WRITTEN STATEMENT SUPPORTING THE STUDENT'S UNUSUAL CIRCUMSTANCES STATED ABOVE.

Signature \_\_\_\_\_ Agency/Organization \_\_\_\_\_  
Name (print) \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ City/State \_\_\_\_\_  
Date \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**SECTION III: TO BE COMPLETED BY FINANCIAL AID COMMITTEE**

**PRESENTED TO THE COMMITTEE ON:** \_\_\_\_\_ **By:** \_\_\_\_\_  
Date Analyst's Name

**PROFESSIONAL JUDGMENT DECISION:** This student is: \_\_\_\_\_ INDEPENDENT \_\_\_\_\_ DEPENDENT

Rationale for Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature Title Date

*It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: [financial\\_aid@sac.edu](mailto:financial_aid@sac.edu), 714-564-6242 for needed accommodations or alternate formats.*