



Santiago Canyon College

RETURN TO:
Financial Aid Office
8045 E. Chapman Ave., Rm. E-104
Orange, CA 92869-4512 (714) 628-4876

Name of Financial Aid Applicant (Please print):

Last First Middle Initial
Student ID#: _____

Dependency Override Petition

Before you submit this petition, please be advised of the following:

The basic premise for all need-based financial aid programs is that the primary responsibility for a student's higher education rests with their parents. They are the primary resource for paying for your college expenses. However, federal law allows for some exceptions, if you have a special circumstance. The following are examples of some special circumstances where you may submit your Dream Act application without having parental information:

- Your parent(s) are incarcerated
- Your parents whereabouts are unknown to you and you are unable to contact them and it can be verified
- You have been abandoned and neglected
- You have left home due to an abusive family environment and is verifiable

But not all situations are considered a special circumstance. The following are situations that would **NOT** be considered:

- Your parents do not want to provide their information on your Dream Act
- Your parents refuse to contribute to your college expenses
- Your parents do not claim you as a dependent on their income taxes
- You do not live with your parents

Directions: Complete **SECTION I: STUDENT INFORMATION** and **SECTION II: STUDENT'S PERSONAL STATEMENT**. See a **third-party professional** to verify and document your situation. Provide documentation to verify your situation by gathering as much relevant, written evidence as needed. This may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any pertinent data that explains why you are unable to provide parental information. Please be advised: additional documentation may be needed upon processing this petition request. **Submitting this petition does not guarantee an approval.**

SECTION I: STUDENT INFORMATION

1. What are your present living arrangements? Explain who you have lived with since you were no longer with your parent(s) home. How are you supporting yourself? Is someone else supporting you currently?

2. When was the last time you lived with your parent(s)? Mother, date: _____ Father, date: _____
3. When was the last time you had contact with your parent(s)? Explain the type of contact you had: _____

4. When did your parent(s) last provide you with financial support? _____

SECTION II: STUDENT'S PERSONAL STATEMENT

Statement of circumstance(s) – Attach additional pages if more space is needed; make sure your information is clear and concise. Avoid vague statements such as "I had personal problems". Describe the unusual circumstances or events that took place and your overall family situation which led to your separation and estrangement from your parent(s). The petition should not include statements based on financial need.

SECTION III: THIRD-PARTY PROFESSIONAL

The information provided by the student must be verified by a third-party professional. The third-party professional must certify in their own words their personal knowledge of the adverse/unusual circumstance in reference to the dependency status. Provide any documentation you may have that substantiates the information provided. Attach additional pages if more space is needed.

THIRD-PARTY PROFESSIONAL STATEMENT:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE STUDENT'S STATEMENT/CIRCUMSTANCES IS TRUE AND CORRECT.

Signature: _____ Please print name: _____

Date: _____ Phone #: _____ Relationship to Student: _____

Title: _____ Agency/Organization: _____

Agency/Organization Address: _____

SECTION IV: Student Certification and Signature

I certify that all the information reported on this form and any attachments are true, complete, and accurate. Further I understand that false statements and or misrepresentations will result in denial, reduction, withdrawal, and or repayment of aid disbursed and student disciplinary action may be taken. I also understand that in the event that I return to my parent(s) household or receive any type of support from them that I will report this information to the Financial Aid Office immediately. (Please sign and date below).

The student whose information was reported on the Dream Act must sign and date. The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student Signature

Date

FOR SANTIAGO CANYON COLLEGE FINANCIAL AID OFFICE USE ONLY

Independent Override Approved: Independent Override Denied: Academic Year: 20____ - 20____

RATIONALE FOR DECISION:

Reviewed by: _____ Title: _____ Date: _____

Non-Discrimination Policy

The Rancho Santiago Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics. The Chancellor shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination. No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or because of his or her association with a person or group with one or more of these actual or perceived characteristics. Inquiries regarding compliance and/or grievance procedures may be directed to: **Rancho Santiago Community College District Title IX Officer and Section 504/ADA Coordinator John Didion 2323 N. Broadway Santa Ana, CA 92706 Phone: (714) 480-7489**