

STUDENT INFORMATION

_____ LAST	_____ FIRST	_____ MI	_____ BRANDMAN ID NUMBER
_____ STREET ADDRESS or PO BOX			_____ EMAIL ADDRESS
_____ CITY	_____ STATE	_____ ZIP CODE	_____ HOME PHONE

You may use this form to request a review of extenuating circumstances regarding your dependency status. You must complete all questions on this form. **Parental refusal to contribute to educational costs or provide income information is not, by itself, a basis for appeal.** The Financial Aid Office may request additional information/documents for consideration of your review. You must complete a 2010-2011 Free Application for Federal Student Aid prior to submitting this review form.

**Attach the following documents to this form:**

- A copy of your signed 2009 federal tax return or income statement if you are a non-filer
- A detailed letter describing your relationship with your parent(s)
- Three letters from references who can confirm the circumstances supporting your request. (At least one should be from a professional source, i.e. counselor, clergy, employer)

**Please answer the following questions:**

*Where did you live in 2009?*

- off campus     with parent(s)

*Where will you live in 2009?*

- off campus     with parent(s)

*Did your parent(s) claim you on their federal tax return in 2009?*

- yes     no

*Will your parent(s) claim you on their federal tax return in 2010?*

- yes     no

*Did your parent(s) provide your health insurance for 2009?*

- yes     no

*Will your parent(s) provide your health insurance for 2010?*

- yes     no

*Did your parent(s) provide your auto insurance for 2009?*

- yes     no

*Will your parent(s) provide your auto insurance for 2010?*

- yes     no

**CERTIFICATION STATEMENT**

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I AGREE TO GIVE PROOF OF THE INFORMATION THAT I HAVE GIVEN ON THIS FORM. PURPOSEFULLY GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL AND REFERRAL TO THE U.S. DEPARTMENT OF EDUCATION.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE