



2018-2019 Review of Dependency Status Third Party Affidavit

Office of Student Financial Aid
11301 Johnson Road
South Prince George, VA 23805
Fax: (804) 862-6260

(To be completed by a third party who knows the student and is familiar with the circumstances.)

R#00 _____

Student's Name _____

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

3. Why is the student unable to provide parent information for financial aid purposes?

4. What is the last date that the applicant:

a) Received financial support from parents? Month _____ Year _____

b) Lived with parents? Month _____ Year _____

5.) How is the student currently supporting himself/herself? _____

Please provide your information below:

Name: _____	Age: _____
Contact #: _____	Relationship to Student: _____
Address: _____	
Phone: _____	Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND CORRECT.

Signature _____

Date _____