

Office of Student Financial Aid

Student Name: _____
(Last, First, MI)

Student ID: _____

Please follow the steps below to be considered for a renewal Dependency Override. Your application will not be reviewed unless **all** requirements are met.

1. Complete the certification below.
2. Complete a Free Application for Federal Student Aid (FAFSA), if not already submitted.
3. Return all documents to our office.

I am requesting consideration for a renewal Dependency Override at Blue Ridge Community and Technical College. I certify that my family situation remains the same as the previous year. I request to be considered as an independent student for financial aid purposes. I agree to provide any additional documentation requested by Blue Ridge Community and Technical College. I understand that I must sign and return this form and any additional documentation for my financial aid to be processed. **Electronic signatures are not accepted.**

Signature _____

Date _____

To return this form:

Mail: Office of Student Financial Aid
13650 Apple Harvest Drive
Martinsburg WV 25403
Fax: 304-260-4376

Email: finaid@blueridgectc.edu – DO NOT EMAIL TAX DOCUMENTS OR ANYTHING WITH SOCIAL SECURITY NUMBERS