



*Request to Continue  
Unusual Circumstances*

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STUDENT SERVICES – FINANCIAL AID

Student's Name: \_\_\_\_\_ ctcLink ID: \_\_\_\_\_

Previously, I have been approved for an unusual circumstance. I feel I should be allowed to apply for financial aid as an independent student again for the \_\_\_\_\_ year due to the following reasons. Please include information such as the location of both your parents, the last time you had contact with them (when, where, and nature of the contact), why you cannot obtain parental information, and describe how you have been self-supporting.

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**\*\*In order to review, we will need to have a completed FAFSA or WASFA for the year you are requesting independency.**

**By signing this form, I certify that all the information provided is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to [faidinfo@bigbend.edu](mailto:faidinfo@bigbend.edu), 1.888.820.2896, or via US mail: 7662 Chanute St. NE, Moses Lake, WA 98837.

<b>OFFICE USE ONLY</b>		<b>Dependency Status Override</b>
Approved _____	Denied _____	
Initials _____	Date _____	

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