



# AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799  
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

## Affidavit in Lieu of Parental Information for Request to Appeal Dependent Status

\*\* This form is to be completed by a Third Party (e.g. counselor, social worker, clergy, etc.) who has known the student for at least 3 years.

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

• The student named above has indicated that he or she is unable to provide parental information on their application for financial aid due to unusual circumstances. Please provide information that you are aware of that may support the student's claim.

1. How long have you known the student? \_\_\_\_\_ years (must be a minimum of 3 years)

2. What is your relationship to the student? \_\_\_\_\_

3. Please provide a brief statement regarding your knowledge of the student's family history including their relationship with parents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why is the student unable to provide parental information for financial aid purposes?

\_\_\_\_\_  
\_\_\_\_\_

5. To your knowledge, when was the last time the student?

a. Lived with their parents: \_\_\_\_\_  
Month/Year

b. Received financial support from parents: \_\_\_\_\_  
Month/Year

6. How is the student currently supporting him or herself?

\_\_\_\_\_  
\_\_\_\_\_

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Declarant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address (PO Box & Village): \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information that I have indicated above is true and correct to the best of my knowledge. I understand that I may be contacted by the Financial Aid Office to provide further information or clarification regarding the document.

Signature of Declarant: \_\_\_\_\_ Date: \_\_\_\_\_