Bloomfield College  
2016-2017 Dependency Override Form

Name__________________________________________  ID#_____________________

If this is a new request, please check here: ❑

If this is a renewal of a Dependency-Override, please check here: ❑

The undersigned Financial Aid Counselors have used Professional Judgment in making a financial aid award to the above mentioned student for the following reason:

______________________________________________________________________________
______________________________________________________________________________

The following action(s) was (were) taken as a result:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The following documentation was provided by the student/parent to support the Counselor’s decision (see attached)

______________________________________________________________________________
______________________________________________________________________________

Print Name_________________________________  Initial_________  Date__________

Print Name_________________________________  Initial_________  Date__________

Print Name_________________________________  Initial_________  Date__________

Case Presented by:  ❑ Breanne Simkin  ❑ Quincina Littlejohn
                   ❑ Jamie Shahin          ❑ Ashraf Mourad
                   ❑ Nalini Gadhia