Scholarships & Financial Aid
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Hickory, NC 28602-8302
Ph: (828) 327-7000 Ext:4860
Email: **financial_aid@cvcc.edu**

2026-2027 Unusual Circumstances Third Party Statement Form

Student Name: _____ **CVCC Student ID:** _____

Instructions: Additional information from a third party is needed. Please complete the section below. We appreciate your assistance with a brief statement on your knowledge of the student's relationship with their parents.

Your name: _____ Your telephone number: _____

Relationship to student: _____

How long have you known the student? _____

With whom does the student reside? _____

When was the last time the student had contact with his/her mother? _____

When was the last time the student had contact with his/her father? _____

Is the student able to contact either parent by normal means (in person, phone, email, mail, etc.)?

Father: ☐ Yes ☐ No ☐ Don't Know Mother: ☐ Yes ☐ No ☐ Don't Know

Please provide a statement of circumstances which completely and explicitly explains the basis of the student's request. Attach additional page(s) if needed.

_____
_____
_____
_____
_____
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_____
_____

Certification and Signature

By signing this form, I certify that all information is true and complete. I understand that I may be contacted if further information is needed. I

Signature: _____ **Date:** _____

No electronic or typed signatures

For the security of your personal information, CVCC's Scholarships & Financial Aid Office encourages you to upload completed forms to our secure mailbox at https://cvcc.tech/finaidfr