

## Dependent Student Application - No Parental Data

<b>Name:</b>	_____		
<b>Date of Birth:</b>	_____	<b>900#:</b>	_____
<b>E-mail:</b>	_____	<b>Phone Number:</b>	_____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.			
<b>Signature:</b>	_____	<b>Date:</b>	_____

Federal regulations grant authority to Financial Aid Administrators to offer a dependent student an Unsubsidized Direct Loan without requiring the parents to submit their information on the FAFSA. This authority allows these students to borrow the dependent base amount of the unsubsidized loan. Please note: by signing this form you will only be eligible for an unsubsidized loan and will not be eligible for other types of financial aid including, but not limited to, a Pell Grant, work study, a subsidized loan or any state grant aid.

This form allows our office to evaluate students who indicate they fall into the situation where their parents refuse to complete the FAFSA and will not provide any financial support to the student in the future. Legislation provides students with the opportunity to still have access to postsecondary education by allowing them access to a defined level of aid – consisting of only an Unsubsidized Federal Direct Loan.

Please be aware of the loan limits within the Unsubsidized Federal Direct Loan since it may not cover all of your educational expenses.

On your Free Application for Federal Student Aid (FAFSA), you answered “no” to all of the questions regarding your dependency status. However, you did indicate that:

- You have special circumstances and are unable to provide parental data for the following reasons:

☐ Your parent(s) refuse to provide their information on your FAFSA.

OR

☐ Your parent(s) do not provide any financial support and will not provide any financial support in the future.

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**Please have your PARENT check the box that applies to them and sign below:**

- ☐ I as parent of the above-named student, refuse to fill out the FAFSA on the student's behalf.

OR

- ☐ I as parent of the above-named student, do not provide any financial support to the student and will not provide financial support to the student in the future. Please indicate the date that the financial support ended. Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Print Name Signature Date