

Office of Financial Aid and Scholarships Student Success Building | Counter #6 Campus Box 2, PO Box 173362 Denver, CO 80217

Phone Number: 303-556-8593 www.msudenver.edu/financialaid | finaid@msudenver.edu

Dependent Student Application - No Parental Data

Name:			
Date of Birth:		900#:	
E-mail:			
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.			
Signature:		Date:	
You answered 'YES' on your FAFSA under the: <i>The apply for Direct Unsubsidized Loan Only</i> that your parent(s) are unwilling to provide their information on the FAFSA but do not have a circumstance that prevents you from contacting your parent(s). 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.			
In order to qualify for a Federal Direct Unsubsidized Loan without providing parental data on your FAFSA, your parent(s) is either refusing to provide their information on your FAFSA or your parent(s) does not provide any financial support and will not provide any financial support in the future.			
Please note: by submitting this form with your parents' signature, you will only be eligible for a Dependent Unsubsidized Loan amount and you will not be eligible for any other type of financial aid funding including, but not limited to, a Pell Grant, Work-Study, a Subsidized Loan, or State Grant Aid. Dependent Loan limits may not cover all of your educational expenses.			
Please have your PARENT check the box that applies to them and sign below:			
□ I as par	ent of the above-named student, re	fuse to fill out the FAFSA on	the student's behalf.
OR			
and will	ent of the above-named student, do not provide financial support to the financial support ended. Date:	student in the future. Please	indicate the date
Parent/Guardi	an: Print Name	Signature	