

2024-2025 Parent Refusal to Complete FAFSA

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

Federal regulations grant schools the authority to permit a student to apply for a Federal Direct Unsubsidized Loan if their parents refuse to complete the *Free Application for Federal Student Aid* (FAFSA) or terminated ended all financial support. By completing this form, you will be limited to the dependent student annual Federal Unsubsidized Direct Loan amounts. **Please note that submitting this appeal form does not guarantee approval of your request or eligibility for financial aid.**

Grade Level	Annual Unsubsidized Direct Loan Amount
Freshman	\$5,500
Sophomore	\$6,500
Junior/Senior	\$7,500

Section A: Parent Section

I the parent of _____, confirm the following by signing this document:

- I have ceased all financial support to the student as of _____ (Month/Year).
- I will not provide any financial support in the future.
 - I will not claim the student on **2024** tax returns.
 - I do not provide coverage under a family health insurance plan, auto insurance plan, or provide non-cash support such as free housing, even for short periods of time.

OR

- I refuse to complete the parent section of the FAFSA.
- I understand this limits the student's eligibility to only a Federal Unsubsidized Direct loan.
 - I understand that providing parental information on the FAFSA in no way obligates me to provide any financial support to the student in their pursuit of higher education, yet I am still refusing to complete the FAFSA and provide parental information.

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have done so, the student's request will be denied and their eligibility for Federal and State student aid will be jeopardized. **Electronic signatures will not be accepted.**

Parent: Print Name _____

Signature _____ Date: _____

Section B: Student Section

I understand that by completing the Parent FAFSA Refusal Form:

- I am only eligible to receive a Federal Unsubsidized Direct Loan subject to the limits for dependent students.
- I will not be eligible for state need-based aid and federal need-based aid (i.e., Pell Grant, Federal Work Study, Subsidized Direct Loan), including the Federal Direct Parent PLUS loan.

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have done so, my request will be denied and my eligibility for Federal and State student aid will be jeopardized. **Electronic signatures will not be accepted.**

Student signature _____ **Date:** _____