

STUDENT SECTION:

Name _____ Phone _____ Student ID _____

A dependent student whose parent(s) have ended financial support and refuse to provide FAFSA information may only receive the Federal Direct Unsubsidized Loan. The Financial Aid Office will make a determination based upon the documentation submitted and the request may be approved in certain circumstances. The decision made by the Financial Aid Office is final, and may not be appealed to the Department of Education.

Do you wish to be considered for the Federal Direct Unsubsidized Loan ONLY?

YES, I understand I will not be considered for any federal grants, subsidized loans, or the work-study program. In addition, I understand I will not be considered for any state or institutional grants or scholarships that require me to demonstrate financial need (**See parent section below**).

NO, I wish to be considered for other types of aid and will provide parental information on the FAFSA. I understand my file will not be processed until I have provided the parent information on the FAFSA.

Note to Student: If you meet the conditions shown in the Parent Section but your parent will not sign this form, you may have a third party (e.g., teacher, counselor, clergy, and/or court) submit a statement of support who is familiar with your situation and is able to describe the relationship with your parents. The supporting document must be on appropriate letterhead and signed to be accepted or from a work related email that references a professional capacity.

Student's Signature

Date

PARENT SECTION:

I attest that all of the following statements are true:

1. I have stopped providing financial support to the student (including payment of educational cost, as well as cash and noncash support such as room and/or board) as of the following date _____ (mm/dd/yyyy), **and**
2. I will not provide financial support to the student in the future, **and**
3. I refuse to complete the parent section on the student's Free Application for Federal Student Aid (FAFSA)

Parent Name: _____
(Print Last, First)

Parent Address: _____
(Print Street Address, City, State, Zip)

I hereby certify that all information on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filers to a fine or imprisonment or both, under the provisions of the United States Criminal Code.

Parent Signature

Date

Davidson Campus
297 DCCC Road
Thomasville, NC 27360
336.249.8186 (Office)
336.224.0240 (Fax)

Mailing Address
P.O. Box 1287
Lexington, NC 27293

FA21CPRF
RWA

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Mocksville, NC 27028
(Office) 336.751.2885
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