

PARENT REFUSAL TO COMPLETE FAFSA

(2018-2019 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

CCC ID#		Last Name		First Name		MI
Mailing Address				City	ST	Zip Code
Telephone No. (include area code)			Email Address			

Most unmarried students under the age of 24 are considered **dependent** for federal financial aid purposes and must provide parental information. In cases where parents provide absolutely no financial support for the student **and** refuse to provide their information on the student's FAFSA, the student may submit this request along with a Federal Direct Loan Request Form to receive **only** unsubsidized loans.

Who is **required** to sign this form?

1. Parent(s) whose information would have been used to complete the FAFSA:
2. If student's parents are legally married, both signatures are required.
3. If parents are divorced or legally separated, the parent who the student lived with or the parent who most recently provided the most financial support is required to complete the form.

Parent(s) must initial each statement below indicating they understand the impact of this request:

___ I **do not and will not** provide **any** financial support to my child, **including** but not limited to: cash support, non-cash support such as room & board, use of my vehicle, health or car insurance coverage, groceries, rent, utilities, tuition, books, schools supplies, or co-signing any type of loan for student.

___ I stopped financially supporting my child on: _____

___ It is in the student's best interest to submit a FAFSA with parent's income & household information. This may allow for the student to qualify for a subsidized loan, which is better than an unsubsidized loan.

___ My child, will only be eligible for federal unsubsidized loans if this request is approved.

___ The interest rate of 6.00% will begin accruing when the loan is disbursed between 7/1/18 & 7/1/19, this occurs while my child is enrolled in and attending school.

___ If this request is approved, my child will **not** be eligible for financial aid including but not limited to:

- Federal Pell Grant; Federal SEOG Grant, Federal Work Study
- Financial need-based scholarships
- Federal subsidized student loans; Federal parent PLUS loans

I certify that I refuse to provide income & household information on the Free Application for Federal Student Aid (FAFSA), my financial support of my child has ended and I will not provide any financial support, as indicated above, in the future. I understand that this request impacts financial aid only at CCC for the 2018-2019 academic year. I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, being sent to prison, or both.

Print name of biological or adoptive parent

Print name of biological or adoptive parent

Signature of biological or adoptive parent

Signature of biological or adoptive parent

Phone # (include area code)

Date

Phone # (include area code)

Date

I understand that the decision made on the basis of this request only affects my application for federal student aid at CCC for the 2018-2019 academic year. I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, being sent to prison, or both.

Student Signature

Date