

**Dependent Applicant
Parent(s) refuse to provide financial information and support**

This form is to be completed by a financial aid applicant who:

- Does not qualify for a dependency override, and
- Parent(s) refuse to provide financial information and support, and
- Understands that consideration will be given for federal unsubsidized loans only.

Use black or blue ink only

Student Name _____

Student ID: 900 _____ Birth Date: _____

Mother's (or stepmother) Name: _____

Father's (or stepfather) Name: _____

We certify that:

- We will not provide information on the FAFSA for this student.
- We do not and will not provide financial support to this student.
- Our financial support to this student ended: _____ (date)

Parent Signature: _____ Date _____

If a parent signature is not available, then a third party signature is needed.

(teacher, counselor, cleric, court, etc.)

I certify that the above is true:

Third party signature: _____ Date _____

Your relationship to the student: _____

Please print your name _____

Your address _____

Your phone _____

I certify that the above is true.

I understand that I will be reviewed for Federal Unsubsidized LOANS only.

Student signature: _____ Date _____

Return this form by mail or in person to:

Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720

Office use only

__ RNARSxx ISIR and EDE = Dependent

__ RNARSxx Official

__ RNARSxx 99999

__ RPAAWRD dep w/o parent

__ RPAAWRD DUNSUB