

Office of Student Financial Aid

C O O

Last Name First Name M.I.

BRCTC ID number

Address

Phone Number (include area code)

City State Zip Code

Email Address

Federal regulations give schools the authority to allow a student to borrow a Federal Direct Unsubsidized Loan when the student's parent(s) have ended all financial support and have refused to complete and sign the Free Application for Federal Student Aid (FAFSA). Students who request consideration for the loan should read the information below and have the parent(s) complete and sign this form. **Note: This form does NOT allow a student to apply for financial aid as an independent student.** No other federal, state, or institutional need-based aid will be available. Although the Office of Student Financial Aid may waive the requirement for parent income and asset information on the FAFSA, the student must still complete and submit a FAFSA that includes all required student information.

On your FAFSA, you answered "no" to all of the questions regarding your dependency status. However, you did indicate that you have special circumstances and are unable to provide parental data for one of the following reasons:

- Your parent(s) do not want to provide their information on the FAFSA
- Your parent(s) refuse to contribute to your college expenses
- Your parent(s) do not claim you as a dependent on their income taxes
- You do not live with your parent(s)
- Your parent(s) do not give you any type of support including items such as medical insurance, auto insurance, food, cash

As noted on your FAFSA, you may be required to provide evidence of your situation. Please have your parent(s) sign and have notarized that the following conditions exist:

- ☐ I/we as parent(s) of the above named student, do hereby state, that I/we have permanently ended all financial support as of ____/____/____ (date when financial support stopped). This includes all expenses and not just those related to current and future college related costs.
- ☐ I/we as parent(s) of the above named student, do hereby state, that we refuse to complete the FAFSA.

By signing this document, I/we certify that all information reported is complete and correct.

Parent Signature Date Parent Signature Date

Please have the above signatures notarized below.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who appeared before me and is personally known to me or who produced satisfactory evidence that they are the person who has subscribed their name hereto.

Notary Public

To return this form:

Mail: Office of Student Financial Aid
13650 Apple Harvest Drive
Martinsburg, WV, 25403

Fax: 304.260.4376
Email: finaid@blueridgectc.edu