

**Statement of No Parental Support**

**OR Statement of Parental Refusal**

**2024-2025** *(Fall 2024, Spring 2025, Summer 2025)*

Student’s Name (Last, First, M.I.)

Student’s SSN

 Student’s Date of Birth

If you completed the Free Application for Federal Student Aid (FAFSA) and did not report your parent’s information because of one of the options below, please indicate which item is applicable.

# Parent Refuses to Support\_\_\_\_\_\_\_\_

My parent(s) does not and will not provide any financial support for me. Financial support includes payment of educational expenses, cash and non-cash support, or any living expenses (including living at home with my parent). My parent(s) do not claim me on their federal tax return as a dependent and I demonstrate total self-sufficiency.

# Parent Refusal to complete the FAFSA and/or Verification\_\_\_\_\_\_\_

My parent(s) does not want to provide their information on the FAFSA and/or Verification

To approve a Federal Direct Unsubsidized Loan, we require the following certification from your parent.

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| PARENT REFUSAL CERTIFICATIONI understand that by refusing to provide financial support and/or information on the FAFSA my child will not be considered for Federal Pell Grant, other federal or state grants, work-study, or Federal Direct Subsidized Loans. I understand that my child will only be eligible for a Federal Direct Unsubsidized Loan, which may not cover all of the educational expenses. I also understand that I can make a correction to the FAFSA to enter my financial information so my child can receive full financial aid consideration and that doing so does not obligate me to borrow educational loans on my child’s behalf or pay my child’s tuition or other charges. I certify that I ended all financial support and/or refuse to supply my financial information on my child’s FAFSA on\_\_\_\_\_\_\_\_\_\_ (Date support ended) ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature Date  |

# By signing this form, I certify that all the information provided is complete and accurate.

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Student Signature Date

*Electronic and typed signatures are not acceptable.*

Please submit your form in person, by email to sfs@rochesteru.edu, by fax to 248.218.2065, or by mail to: Rochester Christian University, ATTN: Student Financial Services, 800 W Avon Rd, Rochester Hills, MI 48307