

VERIFICATION OF PARENT(S) REFUSAL TO FILE THE 2024-2025 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) OR REFUSAL TO PROVIDE SUPPORT FOR THE STUDENT

2025
FA Form
FOVPRO

Student Name _____
Student ID Number

STUDENT SECTION

1. By signing this form, I understand that I must file the 2024-2025 FAFSA to confirm general financial aid eligibility (Homeland Security, Social Security, Loans or Grants in default or overpayment, etc.) and that I will only be eligible for a Federal Unsubsidized Stafford Loan at the base amount for my grade level.
 - \$5,500/year for Freshmen
 - \$6,500/year for Sophomores
 - \$7,500/year for Juniors and Seniors
2. I understand that the refusal of my parent(s) to file a FAFSA and provide support does **NOT** change my status as a dependent student for financial aid programs.
3. If unable to provide parent signature you would need to provide third party documentation to support your financial independence (per FSA Handbook, Application & Verification Guide).

Student Signature _____
Date

PARENT SECTION

Your signature(s) below verifies and affirms that you are the parent(s) of the above referenced student and would be required to provide information and to file the 2024-2025 FAFSA with the student. Please check one of the boxes below.

You refuse to file a 2024-25 FAFSA with the student

OR

You have ended all support for the student AND refuse to provide support (cash or non-cash) from July 1, 2024 through June 30, 2025

Date Financial Support Ended: _____

Parent/Contributor #1 Signature _____
Date

Please complete Parent #2 Signature below if you are a parent in addition to Parent #1 and would be required to provide information for the 2024-2025 FAFSA with the student if you had agreed to file.

Parent/Contributor #2 Signature _____
Date