

Student Signature

Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Date

	<u> </u>
Student Name (Last, First)	Student ID Number
2024-2025 Unsubsidized Loan Only Certification Form	
Dependent students are required to provide parental information and signatures on their Free Application for Federal Student Aid (FAFSA). If your parent(s) is(are) unwilling to provide their information for your FAFSA and you do not have an unusual circumstance that prevents you from contacting your parent(s) to obtain their information, you may request to be awarded a Federal Unsubsidized Loan.	
Section A: To be completed by Parent	
I, the parent of the above-named student, am not providing financial support to the student including cash and non-cash support such as housing, use of a vehicle, health or car insurance coverage, or co-signing any type of loan for the student, and will not do so in the future. I refuse to provide any information on the 2024-2025 FAFSA.	
I also understand that 1) it is in the student's best interest to submit a FAFSA with parental income information, 2) providing income and household information on the FAFSA does not require parents to provide financial support to the student, 3) the student will only be eligible for a Federal Unsubsidized Loan based on the annual grade level limit and this loan begins accruing interest as soon as it is disbursed, even while the student is enrolled in school, and 4) the student will not be eligible for other aid programs, including but not limited to, Federal Pell Grant, Federal Work Study, need-based scholarships and grants from the state and/or Stephens College, and Federal Subsidized Loans.	
I have not financially supported the student since:	
	Date
By signing below, I certify that I refuse to provide income and household information on the FAFSA, that my financial support of the student has ended, and I will not provide financial support for this academic year.	
Parent Signature	Date
Parent Name	
Section B: To be completed by Third-Party (if parent signed above, you do NOT need to complete this section)	
I certify to the best of my knowledge that the parent(s) of the above-named to the student and will not do so in the future. The parent(s) refuse(s) to pro FAFSA.	
Third-Party Signature	Date
Third-Party Name	Relationship/Association to Student
Section C: To be completed by Student	
Leartify the information provided on this form is true and complete and this form is any for the 2004-2005 and leaves	
I certify the information provided on this form is true and complete and this form is only for the 2024-2025 academic year.	