



Return this form to:
 Office of Financial Aid
 Old Main 250
Email: Finaid@stmartin.edu
Phone: (360) 688-2150

2024-2025 CONTRIBUTOR UNWILLING TO PROVIDE INFORMATION FORM

You indicated on your 2024-2025 FAFSA that your parent(s) are unwilling to provide their information on the FAFSA or do not and will not support you financially. If that is correct you would only be eligible for an Unsubsidized Loan and no other Federal Grants, Subsidized Federal Loans, or institutional need-based aid.

Due to a change in the FAFSA form, many students incorrectly check the Unsubsidized Only box. If your parent(s) are willing to provide their information on the FAFSA please have them log into <https://studentaid.gov> to add their information and consent. Also, update your FAFSA's answer on the Unsubsidized Only question.

IMPORTANT: Students whose parents refuse to complete/sign the FAFSA or do not support you financially may not appeal to be considered "Independent" students except in exceptional circumstances. If you believe your circumstances are exceptional, please make an appointment with the Financial Aid Office.

Saint Martin's
Student ID #: 000

Student Last Name _____ First Name _____ M.I. _____ Example: P000123456 Phone Number _____

IMPLICATIONS OF REFUSING TO COMPLETE/SIGN A FAFSA

STUDENTS: Please understand that, by completing this form, you are requesting an unsubsidized loan subject to the limits for **DEPENDENT** students only. No other federal or institutional need-based aid will be available.

Who is required to sign this form?

- Parent(s) whose information would have been used to complete the FAFSA.
 - If a student's legal or biological parents are married or not married and living together, **BOTH** parents must initial and sign.
 - If a student's parents are divorced or separated, the parent who provided the most financial support during the past 12 months is required to complete the form.

If your parent will not sign this form, you may submit a letter from a third party (e.g. teacher, counselor, clergy, or court representative) who is familiar with your situation, can describe your relationship with your parent(s), and possible reasons for the refusal.

PARENT(S): Initial either the top or bottom pair of statements below indicating that you understand the impact of this request:

_____ I understand that the U.S. Department of Education requires dependent students to have parent data on the FAFSA only for the purpose of calculating eligibility for need-based grants and other aid and that by providing my information or signature, I AM NOT obligated to pay for any of my child's college costs.

_____ I understand that refusing to provide my information or signature on the FAFSA means my child WILL NOT BE ELIGIBLE for ANY need-based grant/scholarship funding (including Pell Grants and institutional need-based aid) and will only be eligible for a Federal Direct Unsubsidized Loan or other outside aid (aid awarded by organizations other than the institution).

OR

_____ I certify that I do not and will not provide any financial support to my child, including but not limited to: cash support, noncash support, room & board, use of my vehicle, health or car insurance coverage, groceries, rent, utilities, tuition, books, schools supplies, or co-signing any type of loan for the student. I also understand that my child WILL NOT BE ELIGIBLE for ANY need-based grant/scholarship funding (including Pell Grants and institutional need-based aid) and will only be eligible for a Federal Direct Unsubsidized Loan or other outside aid (aid awarded by organizations other than the institution).

_____ I stopped financially supporting my child on: _____

I certify that I refuse to provide my income & household information on the Free Application for Federal Student Aid (FAFSA), or that my financial support for my child has ended, and I will not provide any financial support in the future as indicated above. I understand that this request impacts financial aid eligibility at Saint Martin's University for the current academic year.

X _____ DATE _____ X _____ DATE _____
 PARENT ONE SIGNATURE DATE PARENT TWO SIGNATURE DATE

I certify that all of the information reported is complete and correct. I authorize the Saint Martin's University Office of Financial Aid Staff to make any necessary corrections to my FAFSA based on the information submitted.

X _____ DATE _____
 STUDENT SIGNATURE DATE

WARNING: I understand that if I purposely give false or misleading information, I may be subject to a fine, imprisonment, or both.