

Office of Financial Aid 8800 O Street Lincoln, NE 68520 Ph: 402-437-2610 Fax: 402-437-2402

financialaid@southeast.edu

FAFSA Verification Student without Parental Support

tudent Name:	Student SCC ID:
	ederal Student Aid (FAFSA) your parent(s) are unwilling to provide audent aid eligibility, and seeking to apply for a Direct Unsubsidized Lo
f approved for this option, you will not qualify one oans), federal grants, or Federal Work-Stud	to receive other types of federal student loans (including Direct Subsidizely programs.
nformation for your FAFSA; and or (2) you	on you must provide documentation (1) your parents refuse to proving parents will not provide any financial support to you. This would and submitting this form. Only one parent needs to complete the form.
f your parent(s) refuse to sign and date this ounselor, cleric, or court.	form, you must get documentation from a third party, such as ateach
s possible. Be sure to include your nar security guidelines, all forms submitted to o secure site at http://uploads.southeast.ed Stud A Parent must attest that one or both of the	the Office of Financial Aid at Southeast Community College as some and SCC ID on all forms you submit to our office. Due to do our office must be brought in person, faxed, or mailed, or upload lu/financialaid. We cannot accept emailed forms. dent without Parental Support a following statements are true by checking the box, providing the date
support ended, and signing below.	
I refuse to provide information for my And/Or	y student's FAFSA.
I do not and will not provide financial	support to my student.
Date support ended:	//_(M/D/Y)
Parent Name:	
Parent Signature: This form must be printed and signed by ha	and, electronic signatures are not authorized.
Date:	
signing this form, I acknowledge the following the information reported to qualify for Federal	

This form must be printed and signed by hand, electronic signatures are not authorized.