



Office of Financial Aid
8800 O Street
Lincoln, NE 68520
Ph: 402-437-2610
Fax: 402-437-2402
financialaid@southeast.edu

Student Without Parental Support
Request for Unsubsidized Loan 2025-26

Student Name: _____ Student SCC ID: _____

You reported on the Free Application for Federal Student Aid (FAFSA) your parent(s) are unwilling to provide the information required to determine federal student aid eligibility, and seeking to apply for a Direct Unsubsidized Loan only.

If approved for this option, you will not qualify to receive other types of federal student loans (including Direct Subsidized Loans), federal grants, or Federal Work-Study employment.

For you to be eligible for this determination you must provide documentation (1) your parents refuse to provide information for your FAFSA; and or (2) your parents will not provide any financial support to you. This would be documented by you and parent completing and submitting this form. Only one parent needs to complete the form.

If your parent(s) refuse to sign and date this form, you must get documentation from a third party, such as a teacher, counselor, cleric, or court.

Please complete the form and return it to the Office of Financial Aid at Southeast Community College as soon as possible. Be sure to include your name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed, or uploaded to secure site at http://uploads.southeast.edu/financialaid. We cannot accept emailed forms.

Student without Parental Support

A Parent must attest that one or both of the following statements are true by checking the box along with a signature and date.

[] I refuse to provide information for my student's FAFSA.

And/Or

[] I do not and will not provide financial support to my student.

Date support ended: ____/____/____ (M/D/YR)

Parent Name (Print): _____

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

Date: _____

By signing this form, I acknowledge the following:

I certify all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____ Date: _____
This form must be printed and signed by hand, electronic signatures are not authorized.