

2026-2027 Parent Refusal to Complete FAFSA



Student Name: _____ **Student ID:** _____

Federal regulations grant schools the authority to permit a student to apply for a Federal Direct Unsubsidized Loan if their parents refuse to complete the *Free Application for Federal Student Aid* (FAFSA) or terminated ended all financial support. By completing this form, you will be limited to the dependent student annual Federal Unsubsidized Direct Loan amounts. **Please note that submitting this appeal form does not guarantee approval of your request or eligibility for financial aid.**

Section A: Student Section

I understand that by completing the Parent FAFSA Refusal Form:

I am only eligible to receive a Federal Unsubsidized Direct Loan subject to the limits for dependent students.

- Freshman - \$5,500 Annual Unsubsidized Direct Loan Amount
- Sophomore - \$6,500 Annual Unsubsidized Direct Loan Amount

I will not be eligible for state need-based aid and federal need-based aid (i.e., Pell Grant, Federal Work Study, Subsidized Direct Loan), including the Federal Direct Parent PLUS loan.

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have done so, my request will be denied and my eligibility for Federal and State student aid will be jeopardized.

Student signature _____ **Date:** _____

Section B: Parent Section

I the parent of _____, confirm the following by signing this document:

I have ceased all financial support to the student as of _____ (Month/Year). Ceasing financial support means:

- I will not provide any financial support in the future.
- I will not claim the student on **2025** tax returns.
- I do not provide coverage under a family health insurance plan, auto insurance plan, or provide non-cash support such as free housing, even for short periods of time.

OR

I refuse to complete the parent section of the FAFSA and understanding the following:

- I understand this limits the student's eligibility to only a Federal Unsubsidized Direct loan.
- I understand that providing parental information on the FAFSA in no way obligates me to provide any financial support to the student in their pursuit of higher education, yet I am still refusing to complete the FAFSA and provide parental information.

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I certify that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have done so, the student's request will be denied and their eligibility for Federal and State student aid will be jeopardized.

Print Name of Parent

Print Name of Parent

Signature of Parent

Date

Signature of Parent

Date

Second parent signature unavailable as parent is not present is students life.

Please return this form to any CCC Financial Aid Office.
Upload through My Financial Aid, email to finaid@cccneb.edu or mail to:
Central Community College Financial Aid;
PO Box 4903; Grand Island, NE 68802-4903
Please call 308-398-7555 if you have questions.