

2024-25 Parent Non-Support Documentation

Office of Financial Aid

UF ID #: _____

E finaid@findlay.edu

P 419-434-4791

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1000 N Main St, Findlay, OH 45840-3653

| JF E-mail: | D.O.B.: |
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| unusual circumstance. Per federal financial aid reg | providing parental information because you indicated that you have an gulations, you are classified as a dependent student. Therefore, you must a Please print this form and attach the requested documentation. |
| A notarized statement signed by each of your p | parents, indicating that neither are providing any financial support for you |
| A notarized statement signed by each of your parts. | parents, indicating that each refuses to provide their information on the |
| A copy of your health insurance plan information | ion listing all covered members. |
| processing to continue. If you meet these requiren providing parental information. However, please n | etermine if you meet the special circumstances criteria required for ments, you may continue the financial aid application process without note that you will only be eligible to be considered for the Federal Direct considered for any federal and some university-funded aid, including s, and the Federal Work-Study program. |
| eligible to complete a Dependency Override Appe | and you believe your special circumstances warrant a review, you may be sal. If your appeal is approved, you will be eligible to be considered for all gall other eligibility requirements. If your appeal is denied, you will need to |
| Parent Certification and Signature | |
| By signing you are certifying that all the information | on reported and submitted with this form is complete and accurate. |
| Parent's Signature | Date |
| Parent's Signature | Date |
| | |