



2015-16

Parent Refusal Form

Financial Aid Office

Bristol Community College

777 Elsbree Street

Fall River, MA 02720

Dependent Applicant

Parent(s) refuse to provide financial information and support

This form is to be completed by a financial aid applicant who:

- Does not qualify for a dependency override, and
• Parent(s) refuse to provide financial information and support, and
• Understands that consideration will be given for federal student unsubsidized loans only.

Use black or blue ink only

Student Name \_\_\_\_\_

BCC Student ID: 900 \_\_\_\_\_

Birth Date: \_\_\_\_\_

Mother's (or stepmother) Name: \_\_\_\_\_

Father's (or stepfather) Name: \_\_\_\_\_

We certify that:

- We will not provide information on the FAFSA for this student.
• We do not and will not provide financial support to this student.
• Our financial support to this student ended: \_\_\_\_\_(date)

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

If a parent signature is not available, then a third party signature is needed.
(teacher, counselor, cleric, court, etc.)

I certify that the above is true:

Third party signature: \_\_\_\_\_ Date \_\_\_\_\_

Your relationship to the student: \_\_\_\_\_

Please print your name \_\_\_\_\_

Your address \_\_\_\_\_

Your phone \_\_\_\_\_

I certify that the above is true.

I understand that I will be reviewed for Federal Unsubsidized LOANS only.

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Return this form by mail or in person to:

Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720

Office use only

\_\_ RNARSxx ISIR and EDE = Dependent

\_\_ RNARSxx Official

\_\_ RNARSxx 99999

\_\_ RPAAWRD dep w/o parent

\_\_ RPAAWRD DUNSUB