

DECLARATION OF NON-SUPPORT

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E-mail: finaid@ferris.edu

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17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616 451-2787 Fax: 616 831-9689
E-mail: kcadfinaid@ferris.edu

DO NOT E-MAIL DOCUMENTS

Please print clearly

Student Name (Last Name, First Name, M.I.)

Student ID Number

DECLARATION OF PARENT FOR THE _____ ACADEMIC YEAR:

I am the parent of the student named above. I hereby declare the following to be true and correct:

'I stopped providing financial support to the student named above on the approximate date of: _____ . I will not provide any financial support to the student in the future. I refuse to complete the parent portion of the Free Application for Federal Student Aid (FAFSA).

I understand that my decision to not to provide my information, that the student will be eligible for only Federal Direct Unsubsidized Loans.

Parent Name (Print)

Parent Signature

Date