

PETITION TO APPLY FOR FINANCIAL AID WITHOUT PARENT INFORMATION

Student Name: _____		
(last)	(first)	(middle initial)
Last Four Digits of Student SSN: XXX - XX _____	UW Student ID #: _____	

If you are a dependent student according to the financial aid definition (see next page for definitions), your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required to provide parental information and signatures to be considered for financial aid. We cannot approve a petition based solely on a parent's unwillingness or inability to support a student's college education or their unwillingness to provide the required information. However, if you cannot provide parent information due to unusual family circumstances, you may petition to apply for aid without parental information. For this purpose, an unusual circumstance includes, but is not limited to, a permanent, irreconcilable break in the relationship with the parent(s) due to abuse, abandonment, or extreme mistreatment.

You may utilize the space provided on the back of this form and/or attach additional pages. In your petition, you must address each of the following items:

1. Explain why you cannot obtain parent information.
2. List the location of both your parents, the last time you received financial support and the last time you had contact with each of them: when, where, and the nature of the contact.
3. Attach at least two pieces of documentation or statements from responsible adults who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials (or copies of court documents), teachers or high school counselors and police officers. Their statements must be signed and their contact information must be listed should we need to contact them.

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.	
Student Signature: _____	Date: _____

OFFICE USE ONLY:	Counselor: _____	Date: _____	Decision: _____
<input type="checkbox"/> Check SFT10XX Step 3 for 'Y'	<input type="checkbox"/> Update CPS (Dependency Override)	<input type="checkbox"/> Add note to file	
Comments: _____ _____ _____ _____			

