

## Office of Financial Aid

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Phone: 503.491.7262 Fax: 503.491.7379

## **Parent Refusal to Support Appeal**

Student Name:		MHCC ID Number:	Award Year:
ind	u may be asked to fill out this form if you did icated you are only applying for an unsubsidize the FAFSA. Before your eligibility for federal a	ed student loan, or because your parer	nts are refusing to fill out their portion
	ase follow all instructions on this form calcumentation (if required). Submit documenta		
	omitting this appeal does not guarantee approveks for review. The Office of Financial Aid wil		
A.	PARENT: This section must be completed by the parent, NOT the student.		
	1. I,	, am the legal parent of t	he above student.
2. Please initial <u>ONE</u> of following statements. No a			
	I acknowledge that I refuse to provide the information needed to complete the FAFSA for my child; <b>OR</b>		
		port to my child at this time and will on the following date (mm/dd/yyyy):	l not provide any financial support in
	As the parent of the student above, I understand that my initials above will allow MHCC to award my child uns student loan funds only. It also effectively revokes my child's eligibility for need-based federal aid (i.e. P subsidized student loan funds) and state aid (i.e. Oregon Promise, Oregon Opportunity Grant) for the current available of the current and the current are subsidized student loan funds.		
	Parent Signature		Date
B.	STUDENT		
	1. Initial below ONLY IF your parent refuses to complete Section A above. If Section A is complete, skip this step.		
	My parent refuses to complete this form (Section A).		
	If your parent refuses to complete this form and you initialed above, you must provide documentation from a third-party (i.e teacher, counselor, cleric, or court). You cannot self-certify. Documentation must verify that your parent refuses to complete the FAFSA or that your parent does not and will not provide any financial support for you, including the date support ended. **Submit documents along with this form or we cannot process the appeal.		
	2. Sign and date below (whether or not you	parent completed Section A above).	
By signing below, I certify that all information reported in this appeal and accompanying documentation is confident accurate to the best of my knowledge and ability. I understand that any false statement or misrepresentation may for reduction and/or repayment of federal, state or institutional financial aid. I also agree to provide documentation of the information provided, if requested by the Office of Financial Aid.			ent or misrepresentation may be cause I also agree to provide additional
	Student Signature		Date