

PETITION TO APPLY FOR FINANCIAL AID WITHOUT PARENTAL INFORMATION

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number E-Mail Address Student ID #

Financial Aid regulations assume that the family has the primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to federal regulations, your financial aid eligibility is determined by using parental income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

Occasionally, due to extenuating circumstances, students cannot obtain parental information. If you cannot provide parental data, you may petition for a waiver of federal regulations requiring parental information.

Please use a separate sheet of paper and answer each of the following questions. Attach your answers to this form and return the materials to the Pierce College Financial Aid Office.

1. Identify the location of both of your parents.
2. Describe the last time you had contact with each of you parents (when, where and the nature of

the contact). Specific details are recommended.

3) Explain why you cannot obtain parental information.

4) Describe how you have been self-supporting: a) when did you start meeting your expenses without parental support, and b) how have you supported yourself.

1. Provide statements from **two** responsible adults who are aware of your situation and can

corroborate the facts you have presented. Examples of such persons would include clergy, social workers or other social service personnel, court officials (or copies of court documents),

teachers, counselors, and police officers. **At least one statement must be from someone who is not a relative or a friend.**

1. Certify below: I have attached statements from the following persons (give name, address and phone number, job title, and relationship to you).

I certify that the information provided in this petition if true and correct

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Office Use Only

Petition Approved: Yes [] No [] FAO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examples of extenuating circumstances are physical, drug, and mental abuse parent(s) incarcerated.

Incomplete applications will not be reviewed. All documents must be submitted with your COMPLETED AND SIGNED FAFSA (Free Application for Federal Student Aid) FORM if you have not already filed the FAFSA.



REFERENCE STATEMENT

# Petition to Apply for Financial Aid without Parental Information

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

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form documents a student’s claim to be self-supporting and has no parental contact. It is not to be used to document a parent’s unwillingness to provide financial information to apply for financial aid. This form should be completed by someone who knows about the student’s relationship with his/her parent(s).

Please submit two references. One reference statement must be from someone other than a personal friend or relative such as a counselor, minister, social worker, lawyer, agency representative or high school teacher/employee.

This is to certify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student printed name)

Has not had any contact with his/her parent(s) since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month/Year)

Receives no financial support from them since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month /Year)

Please describe the student’s relationship with his/her parents based on your personal knowledge of the student’s situation on a separate sheet of paper. Please sign your statement.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Person Providing Statement

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

Title/ Relationship of person providing statement Date

Telephone Number



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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Person Providing Statement

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

Title/ Relationship of person providing statement Date

Telephone Number

*Last Updated: 05/13/2025*