Parent Support Termination Statement

Luna Community College

FINANCIAL AID OFFICE
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FAX: (505) 454-2539 ● EMAIL: finaid@luna.edu

_____
Print Student's Name

_____
Student's LCC Email Address

_____
LCC ID #

_____
Student's Phone Number (include area code)

A **dependent student** is one who does not meet any of the criteria for an independent student. An **independent student** is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.

In instances where a student cannot be considered as an independent student AND there are no unusual circumstances that would permit a dependency override, a student may still receive an Unsubsidized Loan if the student's parent(s) have ended financial support AND refuse to provide information to complete the student's Free Application for Federal Student Aid (FAFSA) including but not limited to a review process called verification. The parent and parent's spouse (if married) must complete and sign the statement below:

_____

I, _____, and my spouse (if married), _____,
**   (Print Parent's Name)   (Print Parent's Spouse Name)**

have ended financial support for _____. Financial support includes but is not
**   (Print Student's Name)**

limited to: paying for housing and food, providing insurance (medical, dental, or automotive), pay for transportation

expenses, etc. This financial support ended on: _____. I and my spouse (if married)
**   (Date Support Ended)**

refuse to provide information to complete our student's FAFSA and provide any documentation that may be required
to complete the verification process.

By completing this form, I acknowledge that my student will NOT be eligible for any federal grants, work-study, or other need-based aid that could assist them in completing their education. I acknowledge that my student will ONLY be eligible for a Federal Direct Unsubsidized Loan which will begin accruing interest at the time of disbursement.

_____

By signing this form, I acknowledge that I have read and understand the information on this form. I certify that all information submitted is true to the best of my knowledge, that all copies are unaltered, and that I have appropriately attached all supporting documentation. I understand that submitting this form does not guarantee that my request will be granted. **Signatures must be handwritten.**

_____   _____
Parent Signature Required   Date   **Parent's Spouse Signature (if Married ONLY)   Date**