

Dependent Students Without Parental Support

Transforming lives through excellence in teaching & learning

STUDENT SERVICES - FINANCIAL AID

Return this form to:

Student Administrative Support Services - Financial Aid • 7662 Chanute Street N.E. • Moses Lake, WA 98837-3299 Phone: 509.793.2088 • Email: faidinfo@bigbend.edu • https://www.bigbend.edu/student-center/financial-aid/

A. Student Informa	tion			
Last Name	First Name	M.I.	ctcLink ID	Number or SSN
eligible for a de	pendency override. Instea	d, they may be	eligible to rece	Tuse to provide support, are not sive a dependent-level Direct ur parent(s) must complete the
B. Parent 1 Certi	fication			
	academic year, I certify that I,			(Parent 1 Name):
☐ Refuse to complet☐ Do not and will no	ot provide any financial sur	pport to my stud	ent. Date suppor	rt ended:
Parent 1 Signature		Date		
C. Parent 2 Certi	ification (if applicable			
For the	academic year, I cer	tify that I,		(Parent 2 Name):
☐ Refuse to complet	e the FAFSA; OR			
☐ Do not and will no	ot provide any financial sup	pport to my stud	ent. Date suppor	rt ended:
Parent 2 Signature		Date		

Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following departments have been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Building 1400, Office 1449 at (509)793-2010 / HRoffice@bigbend.edu or Accommodation and Accessibility Services Coordinator, Building 1400, Office 1472 at (509)793-2027 / aas@bigbend.edu.