

2024 – 2025 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 • Fax: 1.888.820.2896 • Email: faidinfo@bigbend.edu • https://www.bigbend.edu/student-center/financial-aid

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A. Student Informa	tion			
Last Name	First Name	M.I.	ctcLink ID Number or SSN	
for a dependency ov		receive a depende	rents refuse to provide support, are not eligibent level Direct Unsubsidized Loan only. Fo following:	
B. Parent 1 Certi	fication			
I certify that I,		(Parent 1 Name):		
☐ refuse to complete	the FAFSA; OR			
☐ do not and will no	t provide any financial sup	port to my studer	nt. Date support ended:	
Parent 1 Signature		Date		
C. Parent 2 Certi	fication (if applicable)		
I certify that I,		(Parent 2 Name):		
☐ refuse to complete	the FAFSA; OR			
☐ do not and will no	t provide any financial sup	port to my studer	nt. Date support ended:	
Parent 2 Signature		Date		

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