

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)
E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2022 - 2023 STUDENTS WITHOUT PARENTAL SUPPORT

STUDENT NAME:		SPU ID:	
FAFSA. Please have your parent/s c	omplete the follo	your parent/s is unwilling to complete the llowing section below to confirm their will not be providing any financial support.	
PARENT STATEMENT (Required per federal regulation) Please check the applicable boxes and provide the date financial support ended: I will complete the FAFSA for the student noted above. I refuse to complete the FAFSA for the student noted above. I do not and will not provide any financial support to the student noted above. The last date I provided any financial support was By signing this verification statement, I attest that the information reported on this form is true and complete to the best of my knowledge.			
Parent Signature	Date Ph	Phone Email	
If your parents refuse to sign and date the above portion, you must provide documentation from a third party, such as a teacher, counselor, pastor, or court.			

Please note that by having your parent(s) complete this form, the only available Federal/State

aid to you will be the Federal Direct Unsubsidized Loan.