OLIVET NAZARENE UNIVERSITY

2027-28 Parent Refusal to Complete FAFSA and Provide Student Support

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

ONU ID # or SSN_____ **Date of Birth**_____ **Phone**_____

Student Name_____
Last *First* *M.I.*

Student Address_____
Street (include apartment #) *City* *State* *ZIP Code*

PARENT REFUSAL CERTIFICATION

I understand that by refusing to provide information on the 2027-28 FAFSA my child will not be considered for the Federal Pell Grant, other federal or state grants, work-study, or Federal Direct Subsidized Loans. I understand that my child will only be eligible for a Federal Direct Unsubsidized Loan, which may not cover all of the educational expenses. I also understand that I can make a correction to the FAFSA to enter my financial information so my child can receive full financial aid consideration and that doing so does not obligate me to borrow educational loans on my child's behalf or pay my child's tuition or other charges.

I certify that I ended all financial support for my child on (date): _____.
I will not be providing my child any support during the 2027-28 school year.
(Financial support includes room and board, medical/auto insurance and any other support paid on the child's behalf.)

_____
Parent Signature (Required) Date

I certify that ALL of the information on this form is complete and correct:

_____
Student Signature (Required) Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.