

## 2025–2026 Parent FAFSA Refusal Parent Statement

**Financial Aid Department**  
800 Main Street, Room C-019  
Pewaukee, WI 53072  
262.691.5578 (Phone); 262.691.5123 (Fax)  
money@wctc.edu

Federal regulations give schools the authority to allow a student to borrow a Direct Unsubsidized Loan when the student's parents have ended all financial support and they refuse to complete and sign a Free Application for Federal Student Aid (FAFSA).

This form does not allow a student to apply for financial aid as an Independent financial aid applicant. The completion of this form will only allow the student to request and borrow a Direct Unsubsidized Loan up to the annual and aggregate loan limit of a Dependent student. The student must be enrolled at least half-time status and be meeting WCTC's Satisfactory Academic Progress (SAP) standards. No other federal or state need-based aid will be available to the student.

**\*If your parent refuses to sign and complete this form, you must get documentation from a third party, such as a teacher, counselor, court, etc.**

### Student Information

Full name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### Parent Household Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent Certification

I, \_\_\_\_\_, certify one of the following statements:  
Parent's full name

- ☐ 1. I stopped providing financial and living support to the student (including, but not limited to room and board costs, medical/auto insurance, transportation costs, etc.) as of the following date: \_\_\_\_\_ (mm/dd/yyyy), **AND** I will not provide any financial support to the student in the future

**OR**

- ☐ 2. I refuse to complete or provide the parental information needed for my child's 2024-2025 Free Application for Federal Student Aid (FAFSA).

### Parent Signature

By signing this worksheet, I certify that all the information reported for the above student to qualify for federal student aid is correct and true. **A physical signature is required; Typed signatures are not acceptable.**

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to:**  
**WCTC Financial Aid Department**  
Enrollment Center, Room C-019  
800 Main Street, Pewaukee, WI 53072  
262.691.5123 (Fax), money@wctc.edu

