

Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

finaid@sonoma.edu sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

2022-23 No Parental Support Confirmation Form

Student Name			SSU I.D.		
nstructions to S	Student:				
Student Aid (FAFS effect from the pare	(A) or to ent(s) wh is correc	parents are not supporting you and are not very provide required documentation. If this is cose financial information would be required that and will be used to determine your eligibant level.	correct, you must proved on the FAFSA. This	ride a signed statement to that s will help us determine whether	
Please have your possible.	arents co	mplete this form, sign the certification belo	ow, and return to the F	inancial Aid Office as soon as	
	1.	Are you and/or your spouse providing financial support to the student listed on this form? Yes No			
		If you answer no, please provide the date you stopped providing financial support:			
	2.	Will you and/or your spouse provide financial support to the student in the futu	re?	No	
	3.	. Are you <i>and</i> your spouse willing to complete the FAFSA <i>and</i> provide all required documentation? Yes No			
nay gain eligibility	for gran	eligibility for financial aid may improve if ts, subsidized loans, and other programs. I office at (707) 664-2389 or by email at <i>fin</i>	f you need assistance,	-	
	ng this fo	orm certifies that all the information reported only one signature is required.	ed on it is complete an	d correct. Signatures of both	
Parent 1 Name (please print)		Parent 1 Signature	Date	Phone number	
Parent 2 Name (please print)		Parent 2 Signature	Date	Phone number	