

## **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

## 2024-25 No Parental Support Confirmation Form

Student Name				SSU I.D.	
nstructions to S	Studen	t:			
Student Aid (FAFS effect from the pare	SA) or to ent(s) w is corre	o provident or provident of provident of provident of provident of provident or provident of pro	are not supporting you or are not we required documentation. If this is ancial information would be required to determine your eligible.	correct, you must provided on the FAFSA. This	ide a signed statement to that will help us determine whether
Please have your possible.	arents c	omplete	this form, sign the certification bel	low, and return to the Fi	nancial Aid Office as soon as
	1.	-	ou and/or your spouse providing fir on this form? Yes N	nancial support to the st	udent
		-	answer no, please provide the date copped providing financial support:		
	2.	•	ou and/or your spouse provide ial support to the student in the fut	ure? Yes	No
	3.	-	ou <i>and</i> your spouse willing to comp A <i>and</i> provide all required docume	•	] No
may gain eligibility	for gra	ants, sub	lity for financial aid may improve is sidized loans, and other programs. at (707) 664-2389 or by email at fi	If you need assistance,	-
	ng this		tifies that all the information repore signature is required.	ted on it is complete and	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