

MAT FINANCIAL AID 2021-2022 REQUEST TO WAIVE PARENT INFORMATION

Although graduate students are considered independent for most types of federal aid, MAT does not recognize the status of the independent student in the awarding of institutional funds, regardless of the student's age, marital status, or number of years which he or she has been self-supporting. This policy ensures that institutional funds are allocated to students who have demonstrated limited family resources. MAT requests that both parents provide income and asset information.

By completing this form, you are petitioning that an exception be made regarding one or both of your biological parents. The Office of Financial Aid will review your petition in order to determine if your circumstances warrant the exclusion of one or both parents from the financial aid process.

		estions, leaving no blanks. Only complete applications (with all required third party a on) will be considered.	nd personal
Student N	Name:	Date of Birth:	_
THIRD 1	PARTY DOC	<u>UMENTATION</u>	
	These letters sh situation. The p years known to	Attements from third-party individuals, who can attest to the nature of your relationship would come from counselors, clergy, attorneys or other professionals who have sufficient known writing the statement must include his/her name, phone number, relationship to you, you. Family members may submit letters with additional information, however, letters from the third-party documentation requirements.	owledge of the and the number of
STUDEN	NT'S PERSON	NAL ACCOUNT	
	better understa	ment from you and/or your supporting parent, including additional information that wond the circumstances that you believe make it necessary to waive the parent's application ras much detail as possible. Please attach any applicable documentation to support or elaborated and the circumstances are supported by the parent's application rate.	equirements. Be
		PARENT INFORMATION	
Parent'	's Name		
Permai	nent Address		
Teleph	none	Email	

Office of Financial Aid $\sim Box 1827 \sim 69$ Brown Street $\sim Providence RI 02912$ phone: $401-863-2721 \sim email: GS_Financial_Aid@brown.edu \sim fax: <math>401-863-7575$



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MARITAL STATUS

19	TARITAL STATUS							
Marital Status of your natural/adoptive parents:	Separated	Ne	ever married					
If divorced or separated, indicate year of divorce/separation:								
Has your parent ever claimed you as a dependent on a federal tax	Y	es	No					
Was this a condition of the divorce decree?	Ŋ	l'es	No					
If yes, indicate the most recent tax year that this occurred:								
Has your parent remarried?		3	Yes	No				
If yes, indicate the year of remarriage:								
Does your parent have other children? If yes, indicate how many:		Yes	No					
FREQUENCY OF CONTACT								
Have you had contact with your parent in the past year? If no, indicate the date you last had contact with him/her:				No				
What was the nature of the contact (e.g., letter, visit, phone cal								
CHILD SUPPORT AND LEGAL ORDERS								
Did your parent pay child support in 2018?			Yes	No				
Was child support: Voluntary Court Orc If applicable, attached a copy of court order and garnis		rnished from Wages nentation.						
If yes, indicate the total amount he/she paid in 2018 for you: For your siblings:	\$ \$							
If no, indicate the last year child support was paid:		_						
Are there any legal orders that limit your parent's contact with If so, please attach documentation (i.e. restraining order,	orce decree).	Yes	No					
CERTIFICATION I certify that all the information provided on this form is true and complete to the best of my knowledge.								
Student's Signature								