



Office of Student Financial Assistance
CPO 59, Whitlock 251
521 Lancaster Ave.
Richmond, KY 40475

Phone: 859-622-2361
Fax: 859-622-2019

Unsubsidized Loan for Dependent Students

Student Name	EKU ID

Parent Section

I hereby certify that I have ended **ALL** financial support for my child, including both cash and noncash support such as health insurance, car insurance, housing, and tuition assistance as of _____
(Date Support Ended)

I will not provide any financial support for my child in the future

-AND / OR-

I refuse to supply the financial information necessary to complete the Free Application for Federal Student Aid (FAFSA)

Parent Name _____ Parent Phone Number _____

Parent Address _____ City _____ State _____ Zip _____

Parent Signature

Today's Date

Student Section

I understand that completion of this form does NOT change my status from a dependent to independent student and that **I will only be eligible for an Unsubsidized Stafford Loan** (no federal/state grants or subsidized loans) at my grade level.

Grade Level	Unsubsidized Loan Amount
Freshman	\$5500
Sophomore	\$6500
Junior or Senior	\$7500

Student Address _____ City _____

State _____ Zip _____ Student Phone Number _____

Student Signature

Date