



## 2025-2026 Dependent Student: Unsubsidized Loan Only

Student Name: \_\_\_\_\_ MBU ID: \_\_\_\_\_

You have submitted a FAFSA indicating that you are a dependent student for financial aid purposes but did not include parent information on your FAFSA. Without including parent information, you can only receive an unsubsidized loan if:

- Your parents no longer provide any support for you; and
- Your parents refuse to file the FAFSA

NOTE: Without parental information on the FAFSA, you will NOT be eligible to receive any federal grants, subsidized loans, need-based scholarships, or federal work-study awards.

Due to a change in the FAFSA form, many students incorrectly checked the Unsubsidized Only box. If your parent(s) are willing to provide their information on the FAFSA, please log back into your FAFSA and select "make a correction" to change your answer on that question. You'll need to re-invite your parent to provide consent and sign your FAFSA.

If your parent(s) are still unwilling to provide their information on the FAFSA, please continue with this form.

### STUDENT SECTION:

I attest to the following:

- I have read and understand the statement above.
- I have filed a FAFSA.
- I support myself and receive no financial support from my parents.

I understand that by not providing my parents' information on my FAFSA, my financial aid award may be less than it would otherwise be. I also understand that unsubsidized loans accrue interest from the time the unsubsidized loan is disbursed until it is paid in full. While I am still attending school at least half-time, I can choose to pay the interest or allow the interest to be added to the principal amount of the loan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT SECTION:

I attest to the following:

- I do not provide cash support, medical insurance coverage, or housing and food for my child.
- Date support stopped: \_\_\_\_\_
- I refuse to complete the parent's section of the FAFSA.

Parent Name (First and last): \_\_\_\_\_

Parent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return This Form:

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