



Office of Financial Aid
Petition for Dependent Students without Parental Support
2009-2010 Academic Year/Summer

Student Name (print): Last First J#:
Street Address: City, State, Zip:
CCP Email: Student Phone:

Parents must initial each statement below indicating that you understand the impact of this Petition

- I did not provide any financial support to my son or daughter including cash and non cash support such as room & board, use of a vehicle, health or car insurance coverage, or co-signing any type of loan for the student for the calendar year of 2008.
It is always in the student's best interest to submit a FAFSA with parent's income information.
Providing income and household information on the FAFSA does not require parents to provide financial support.
My son or daughter will only be eligible for Federal Unsubsidized Loans if this Petition is approved.
The amount of Unsubsidized Stafford Loan for dependent students: Freshmen = \$3,500; Sophomore = \$4,500
The fixed interest rate of 6.8% will begin accruing on the loan when it is disbursed even when son/daughter is enrolled in school.
If this Petition is approved, my son or daughter will not be eligible for aid including but not limited to: Federal Pell Grants, AC Grants, SMART Grants and other grants
Federal Work-Study funding
Federal Subsidized student loans
Federal Parent PLUS loans

I certify that I refuse to provide income and household information on the Free Application for Federal Student Aid (FAFSA), my financial support of my son or daughter has ended, and I will not provide any financial support in the future. I understand that this Petition impacts aid only at the Community College of Philadelphia for the 2009-2010 academic year.

Date when financial support stopped:

Printed Name of Biological or Adoptive Parent
Signature
Phone: Date:

All information provided in my Petition for Dependent Students without Parental Help is correct and true. I understand that the decision made on the basis of this petition only affects my application for financial aid at Community College of Philadelphia for the 2009-2010 academic year.

Student Signature: Date:

Please return form to: Community College of Philadelphia, Office of Financial Aid
1700 Spring Garden Street, Room BG-3, Philadelphia, PA 19130