## Western Technical

FINANCIAL AID

## Statement of Non-Support

Student's Name \_\_\_\_\_ Student ID/SSN \_\_\_\_\_

I, (parent name) \_\_\_\_\_\_ refuse to provide information for (student name) \_\_\_\_\_\_'s 2023-24 Free Application for Federal Student Aid (FAFSA).

## OR

I do not, and will not provide any financial support (i.e., health insurance, monetary support, housing, transportation, food, etc.). The date support was last provided \_\_\_\_\_\_.

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

Financial Aid Resources and Planning Services Welcome Center 400 7<sup>th</sup> Street North La Crosse WI 54601 Phone 608.785.9579 Fax 608.789.4760 finaid@westerntc.edu