## **Enrollment and Student Financial Services**

Financial Aid
Phone: (541) 463-3100
Fax: (541) 463-3983 \* Email: enrollmentadvisors@lanecc.edu
4000 East 30th Avenue \* Eugene, OR 97405-0640



## REQUEST TO APPLY FOR FINANCIAL AID WITHOUT PARENT INFORMATION

uidelines. I request that Lane Community College on to allow me to complete my FAFSA without be valid only at Lane Community College.
L#:
Telephone:
Date of Birth:
be denied without it. Documentation could include your household, preferably professionals such as ners, clergy, or others with first hand knowledge of as police reports, etc. You may also include any to the Enrollment and Student Financial Services mail ATTN: Financial Aid.  easonable to contact your parents for their nal sheets of paper.
the contract of the contract o

For office use	e only:   Approved   Denied	
Student Sig	nature	Date
I certify that t	the information given on this form is true ar	nd correct to the best of my knowledge.
	e you supported yourself? Where have you you been supported by or received any as	
Father:		
	sonal expenses, and/or medical expenses	
Mother: Father:	you last see your parents?	
Father:	vou last see vour parents?	
3. When did Mother:	you last live with your parents?	
Mother: Father:	your parents live?	