



Although medical school students are considered independent for most types of federal aid, **AMS does not recognize the status of the independent student in offering AMS funds, regardless of the student’s age, marital status, or number of years which they have been self-supporting.** This policy ensures that AMS funds are allocated to students who have demonstrated limited family resources. AMS requests that *both biological parents* provide income and asset information.

By completing this form, you are petitioning that an exception be made regarding one or both of your biological parents. The AMS Director of Financial Aid will review your petition in order to determine if your circumstances warrant the exclusion of one or both biological parents from the financial aid process. The process for approving the waiver can be a lengthy one as the Director will vet the information and documentation you provide very closely since the determination to waive parent data will most likely be used in subsequent aid years as well.

Please complete all questions, leaving no blanks. Only complete applications (with all required third party and personal statement documentation) will be considered.

Name of AMS Student: _____ Class Year: _____ Banner ID: _____

THIRD PARTY DOCUMENTATION

Attach two statements from third-party individuals, who can attest to the nature of your relationship with your parent. These letters should come from counselors, clergy, attorneys or other professionals who have sufficient knowledge of the situation. The person writing the statement must include their name, phone number, relationship to you, and the number of years known to you. Family members may submit letters with additional information, **however, letters from family members will not fulfill the third-party documentation requirements.**

STUDENT’S PERSONAL ACCOUNT

Attach a statement from you and/or your supporting parent, including additional information that would help us better understand the circumstances that you believe make it necessary to waive the parent’s application requirements. Be sure to provide as much detail as possible. Please attach any applicable documentation to support or elaborate on your situation.

PARENT INFORMATION

Parent’s Name			
Permanent Address			
Telephone		Email	

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>



MARITAL STATUS

Marital Status of your natural/adoptive parents:	Divorced	Separated	Never married
If divorced or separated, indicate year of divorce/separation: _____			
Has your parent ever claimed you as a dependent on a federal tax return?		Yes	No
Was this a condition of the divorce decree?		Yes	No
If yes, indicate the most recent tax year that this occurred: _____			
Has your parent remarried?		Yes	No
If yes, indicate the year of remarriage: _____			
Does your parent have other children?		Yes	No
If yes, indicate how many: _____			

FREQUENCY OF CONTACT

Have you had contact with your parent in the past year?	Yes	No
<i>If no, indicate the date you last had contact with them: _____</i>		
What was the nature of the contact (e.g., letter, visit, phone call, etc.)? _____		

CHILD SUPPORT AND LEGAL ORDERS

Did your parent pay child support in 2020?	Yes	No
Was child support: Voluntary Court Ordered Garnished from Wages		
<i>If applicable, attached a copy of court order and garnishment of wage documentation.</i>		
If yes, indicate the total amount they paid in 2020 for you: \$ _____		
For your siblings: \$ _____		
If no, indicate the last year child support was paid: _____		
Are there any legal orders that limit parent's contact with you?	Yes	No
<i>If so, please attach documentation (i.e. restraining order, police report, or divorce decree).</i>		

CERTIFICATION

I certify that all the information provided on this form is true and complete to the best of my knowledge.

Student's Signature _____

Date _____

Please upload this form through Self-Service Banner (SSB) <https://selfservice.brown.edu>