BUENA VISTA UNIVERSITY
POLICY ON PARENT IN COLLEGE
And Request for Information

The FAFSA asks parents for the number of family members that will be enrolled in college at least half time. The Higher Education Amendments of 1998 exclude parents from being included in the response to this question.

Because we are aware that this could cause undue hardship for certain families, Buena Vista University may be willing to use professional judgment to include a parent in the number to be reported. However, all of the following conditions must be met. **If you do not meet all of the conditions, do not submit this form.**

1) The parent(s) must be enrolled in an **undergraduate** program in the 2015-2016 school year
   - Please indicate the name of the college where you (parent) will be enrolled for the 2015-2016 school year:_________________________________________

2) The parent(s) must be enrolled in a program of study leading to an Associate’s or Bachelor’s Degree
   - Your (parent) major is: ______________________
   - Your (parent) expected date of graduation is: ____________________
   - The degree you (parent) expect to earn is: _____________________

3) The parent(s) must be enrolled at least part-time, as determined by the attending institution
   - Your (parent) college is on a quarter, semester, tri-mester, or other system (circle one).
   - The total number of hours you (parent) will enroll for the 2015-2016 year will be: ________.

4) The parent(s) must be paying a substantial amount of tuition/book expense out-of-pocket
   - You (parent) will pay $________ out-of-pocket (do NOT include employer paid amounts or amounts paid by other gift assistance) for the hours mentioned above for the year. **Please include a copy of a billing statement from the college/university you will attend.**

If you have questions on this, please do not hesitate to contact us at: 1-800-383-2821 ext. 2164.

____________________________________                  ___________________________________
Parent’s Name  (please print)                                                  Student’s Name (please print)

____________________________________
Parent’s Signature

Return to:
Buena Vista University
Office of Financial Assistance
610 West 4th St.
Storm Lake, IA  50588