BENNINGTON COLLEGE

Noncustodial Parent Waiver

While Bennington College makes every effort to assist families in financing a Bennington education, the primary financial responsibility remains with the family, which may include members of each parental household regardless of marital status. If your noncustodial parent has not been present or financially supportive, you should ask someone not related to you to write a statement confirming these circumstances. The Financial Aid Office may waive the requirement that a noncustodial parent submit information in the case of long-term abandonment or extended absence of support.

STUDENT INFORMATION		Term beginning:		
		٦	MM/YY	
NAME			TODAY'S DATE	
ADDRESS				
PHONE		EMAIL		
CUSTODIAL PARENTAL INFORMATI	ON			
NAME		EMAIL		
NAME		EMAIL		
NONCUSTODIAL PARENTAL INFOR	MATION (if	known)		
NAME		OCCUPATION		
ADDRESS				
PHONE		EMAIL		
Marital status of your parents: 🗌 Divorced .	YEAR	SeparatedYEAR	_ 🗌 Never Married	
Are there any legal orders limiting your noncus	stodial parent's	contact with you? 🗌 Yes	es 🗌 No	
How many times did you have contact with you	ur noncustodial	parent in the past year? $_$		
When was the last time you had contact with y	our noncustod	ial parent?		
Did your noncustodial parent pay child suppor	t last year? 🗌	Yes \$		
Other than your custodial parent, has anyone na or parental support, such as sharing household				
Yes, explain:				
By signing below, I/we certify that the inform requesting a waiver for the noncustodial par			t of my/our knowledge and belief. We are	
STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE	

Bennington College Office of Financial Aid One College Drive Bennington, Vermont 05201-6003 802-440-4325 fax 802-440-4880 finaid@bennington.edu

THIRD-PARTY STATEMENT

This statement written in support of the noncustodial waiver can be completed by a guidance counselor, teacher, clergy, attorney, physician, long-term family friend, or any other person who is not related to the student. The statement should describe the third-party observations of the relationship (or lack thereof) between the student and the noncustodial parent.

NAME OF THIRD-PARTY PERSON COMPLETING THIS ST	ATEMENT		
RELATIONSHIP TO STUDENT		LENGTH OF ASSOCIATION TO S	TUDENT/FAMILY
ADDRESS			
PHONE		EMAIL	
Statement			
By signing below, I certify that the information request to waive the documentation for the no			owledge and belief. I support the
STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE
	Office	e use only	
REVIEWED BY		DATE	🗌 Approved 🗌 Denied
Bennington College Office of Financial Aid One College I	Drive Benningtor	, Vermont 05201-6003 802-440-4325	fax 802-440-4880 finaid@bennington.edu

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