



Please Use Black or Blue Ink		OSU Student ID ("A" plus 8 digits)						
Student Name:	Α							
We are requesting the following information because of a change n on the 2020-2021 Free Application for Federal Student Aid (FAFSA						tion		
Is a parent, whose information is on the FAFSA, a dislocate	ed worker?	YES	NO	(circle	e one)		
Except for the spouse of an active duty military member of the Armed Forc considered a dislocated worker even if, for example, the person is receiving	•	•		rally he or	she is	s not		
In general, a person may be considered a dislocated worker if he or she:								
 is receiving unemployment benefits due to being laid off or losing a judgment 	job and is unlik	ely to re	turn to a	previous	occup	ation	;	
 has been laid off or received a lay-off notice from a job; 								
 was self-employed but is now unemployed due to economic condition 	ons or natural d	isaster;	or					
 is the spouse of an active duty member of the Armed Forces and ha relocating due to permanent change in duty station; or 	as experienced	a loss o	f employ	ment beca	ause o	of		

- is the spouse of an active duty member of the Armed Forces and is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad), is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.

When did this change occur? ____

If this change occurred after the date the student and parent signed the FAFSA, please contact our office to schedule an appointment with a Financial Aid Counselor.

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

 Parent's Signature (electronic signature not acceptable)
 Date

 Printed Name of Parent Who Signed Above
 Street Address
 City
 State
 Zip

 Return to:
 Example 1
 Example 2
 Example 2
 Example 2
 Example 2

Office of Scholarships and Financial Aid 119 Student Union, Stillwater, OK 74078-5061 Fax: (405) 744-6438 (*if you fax, please do not mail the form*)

Questions?

Email: <u>finaid@okstate.edu</u> Phone: (405) 744-6604 Web: <u>financialaid.okstate.edu</u>

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