



2026-2027 Loan for Disadvantaged Students and Health Professions Loan Application

REQUIRED PARENT INFORMATION

(Please see how to determine who is a parent on the last page.)

Please Use Black or Blue Ink

Student Legal Name: [] OSU Student ID ("A" plus 8 digits) [A][][][][][][][][][]

Parent and Parent's Spouse 2024 Financial Information: Submit a signed copy of the parent's 2024 Federal Tax Return (must include all schedules) or 2024 Tax Return Transcript.

Parent's Current Marital Status: Please check one
[] Married (not separated) (Month, day and year of marriage: ___/___/___)
[] Remarried (Month, day and year of remarriage: ___/___/___)
[] Widowed (Month, day and year of parent's death: ___/___/___)
[] Separated (Month, day and year parents began maintaining separate residences and no longer represented themselves as married: ___/___/___)
[] Divorced (Month, day and year of divorce: ___/___/___)
[] Unmarried & both parents live together (Month, day and year they began living together: ___/___/___)
[] Single (Never Married)

Name of Parent and Parent Spouse:
Parent: First Name: _____ Last Name: _____
Parent's Spouse: First Name: _____ Last Name: _____
Birthdate of oldest parent: _____
Parent and Parent's Spouse State of Legal Residence: _____

Table with 2 columns: Annual Child Support Received, Amount. Description: Enter the total amount the parent received in child support for the last complete calendar year...

Table with 2 columns: Federal Work Study Wages, Amount. Description: Parents' Federal Work Study Wages received in 2024: Please indicate 0 if none was received.

At any time during 2024 or 2025, did the parent or anyone in their family receive benefits from any of the following federal programs? Select all that apply.

Federal Benefit Program	Received Benefits in Calendar Year 2024 or 2025?
Earned Income Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free or Reduced-Price School Lunch*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refundable credit for coverage under a qualified health plan (QHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Nutrition Assistance Program (SNAP/food stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Only select 'Free or Reduced-Price School Lunch' if the family met the U.S. Department of Agriculture income requirements. Do not select if they only received this benefit because they live in a school district, city, county or state that offers free or reduced-price meals to all students, regardless of income.

Parent Assets	Amount
Current total of cash, savings and checking accounts (don't include student financial aid).	\$
Current net worth of investments, including real estate (don't include the home the parent lives in. Net worth is the value of the investments minus any debts owed against them.)	\$
Current net worth of businesses and investment farms (enter the net worth of the parent's businesses or for-profit agricultural operations. Net worth is the value of the businesses or farms minus any debts owed against them).	\$

Certification/Signature: Each person signing below certifies that all the information reported is complete and correct. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

Student's Signature *(Stylus or ink pen only)*

Date

Parent's Signature *(Stylus or ink pen only)*

Date

Printed Legal Name of Parent (who signed above) Street Address City State Zip

Return to:
 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: finaid@okstate.edu
 Phone: (405) 744-6604
 Web: financialaid.okstate.edu

Who is considered a legal parent on this form?

Legal parents are biological or adoptive (regardless of gender) or as determined by the state (for example, if the parent is listed on the birth certificate). Grandparents, foster parents, legal guardians, widowed stepparents, aunts, uncles, and siblings are not considered parents on this form unless they have legally adopted the student.

Which parent should include information?

- If the student's parent was never married and does not live with the student's other legal parent, or if the parent is widowed and not remarried, that parent should only provide their information.
- If the parents are divorced or separated, answer the questions about the parent who provides the greater portion of the student's financial support, even if the student does not live with them. If both parents provided an exactly equal amount of financial support during the past 12 months, or if they don't support the student financially, answer the questions about the parent with the greater income and assets. If this parent is remarried as of today, answer the questions about that parent and the stepparent.
- If the student's widowed parent is remarried as of today, answer the questions about that parent and the stepparent.