



Noncustodial Parent Waiver Petition for the 2027-28 Academic Year

A major assumption of Galloway's financial assistance program is that parents have an obligation to finance their children's education to the extent they are able. This assumption is aligned with the methodology and principles of both the National Association of Independent Schools and the School and Student Service for Financial Assistance. **The Financial Assistance Committee will consider the financial resources of both biological parents, if living, before making an award.** The committee will consider the financial resources of parents regardless of legal responsibility for educational expenses. For example, if a divorce decree does not mandate payment of educational expenses by one parent, the Committee believes that parent still has an obligation to contribute to the extent they are able. If either natural parent remarries, the committee will bear in mind the obligations of that parent to his or her new family. If the parent with custody remarries, the committee will consider the resources of the stepparent while still bearing in mind the obligations of the stepparent to his or her natural children.

It is possible, however, for Galloway to waive the noncustodial requirement in certain situations. The following are conditions under which we may consider waiving the noncustodial requirement:

1. the noncustodial parent's whereabouts are unknown;
2. the noncustodial parent has no contact, and has not had any contact, with the applicant over a period of years;
3. the noncustodial parent provides no financial support to the student.

This is a petition requesting that Galloway waive the noncustodial parent requirement regarding the submission of financial assistance application forms. Upon receipt of this petition, along with the requested documentation, Galloway's Financial Assistance Committee will review and respond to the request. Please complete the entire form, answering all questions and submitting all requested documentation. Only completed applications will be reviewed.

Please upload all information (completed copy of this form along with accompanying tax documents) to the Clarity website by the financial assistance deadline. You may also forward this

form to Elizabeth Aiello, Business Office Associate & Financial Assistance Officer, at financial_assistance@gallowayschool.org.

Noncustodial Parent Waiver Petition for the 2027-28 Academic Year

A: CONTACT INFORMATION

Applicant Name _____

Custodial Parent Name _____

Permanent Address _____

Email Address _____

Phone Number _____

B: CUSTODIAL PARENT PERSONAL ACCOUNT

Please attach a **notarized statement** providing additional information that will help the Financial Assistance Committee understand the circumstances that make it necessary to waive the noncustodial requirement. Please provide as much detail as possible and include any applicable documentation.

C: NONCUSTODIAL PARENT CONTACT INFORMATION (IF KNOWN)

Noncustodial Parent Name _____

Permanent Address _____

Email Address _____

Phone Number _____

1. Marital Status of applicant's natural/adoptive parents: ___ Divorced ___ Separated ___ Never Married
2. If divorced or separated, indicate year of divorce/separation: _____
3. Has the noncustodial parent ever claimed the applicant on a federal income tax return? _____
4. If you answered "yes" above, was this a condition of a divorce decree? _____
5. If you answered "yes" above, please indicate the most recent tax year this occurred _____
6. Has the noncustodial parent remarried? _____ If yes, year of marriage _____

7. Does the noncustodial parent have other children? _____ If yes, how many? _____

D. FREQUENCY OF CONTACT

Has the applicant had contact with his/her noncustodial parent in the past year? _____

If you answered "yes" above, please describe the frequency of the contact and the participation of the noncustodial parent.

If you answered "no" above, please indicate when the applicant last had contact with him/her.

E. CHILD SUPPORT AND LEGAL ORDERS

1. Did the noncustodial parent pay child support this year? _____
2. If you answered "yes" above, please indicate the total amount of child support paid this year for the applicant \$_____ and for the applicant's siblings (if any) \$_____
3. Please indicate type of child support paid: ___ Voluntary ___ Court Ordered ___ Garnished from wages
4. Are there any legal orders that limit the noncustodial parent's contact with the applicant? ___
5. If there are legal orders in place (i.e., restraining order, police report, or divorce decree), please include this documentation as an attachment to this waiver petition.

F. CERTIFICATION

I certify that all of the information provided on this form is true and complete to the best of my knowledge. If the contents of this statement are found not to be truthful and accurate, it will directly impact my financial assistance award. Submission of this statement is not a guarantee of funding.

Custodial Parent Signature _____ Date _____

(please sign in the presence of a notary public**)**

Notary Public Acknowledgement

_____ **SEAL**
State of _____ County of _____

I hereby certify that _____ (Name) appeared before
me on this _____ day of _____ 20_____, and signed this
form in my presence.

Notary Public Signature My Commission Expires _____