## **Financial Aid Office**

1032 West Sheridan Road Sullivan Center Room 190 Chicago, Illinois 60660 Phone: 773 508 7704

Phone: 773.508.7704
Scan completed form and upload to https://forms.luc.edu/faoupload

\*Typed and digital signatures are not acceptable



Preparing people to lead extraordinary lives

Student Name: (Please print)			Loyola ID: (Your 11-digit Loyola ID number begins 0000)		
ist the number of peop	ole wh	om you or your spo	ouse will support betwee	n July 1, 2024 an	nd June 30, 2025.
upport from you or you upport from you or you nere are more than five	our spo vour specification	ouse. Include other ouse and will conle, please attach a	people only if they now ntinue to get this support sheet listing additional for	live with and get between July 1, amily members.	lren get more than half of their more than half their 2024 and June 30, 2025. If yment of college costs, etc.)
Full Name of Family Member	Age	Relationship To You, the Student	Attending undergraduate college at least half-time during 2024–2025?	Degree Program (for example: B.S., M.S.)	Name of College or University family member will attend in 2024–2025?
Jane Doe	24	Student	Yes	B.S.	Loyola University Chicago
John Doe	24	Spouse	No	N/A	N/A
1.					
2.					
3.					
4.					
5.					
	provieted, we	e agree to give pro	of of the information we	have provided or	complete to the best of my n this form. Proof may include Il result in the loss of financia

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