



Student Last Name grid

Student Last Name

Student First Name grid

Student First Name

Franklin Student ID grid

Franklin Student ID

Date of Birth grid

Date of Birth (mmdyyy)

Upon review of your file, we are requesting additional information regarding the support of household members you are claiming on your verification worksheet. Please complete the following information and provide additional documentation that supports your claim.

- Name of person(s) that you claim currently lives with you (or if dependent student, lives with your parents) and you (parents) provide more than 50% of support for:

1) _____ 2) _____

- Relationship to you: _____ Age of person(s): 1) _____ 2) _____

- Length of time you expect to provide more than 50% of the support for this person(s) between July 1, 2012 and June 30, 2013: From ___/___/___ To ___/___/___

Reason this person(s) lives with you and/or the reason you support them (be specific, use additional paper if needed):

Reason text input lines

I certify that all information and documentation submitted is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a reduction or repayment of aid, fines, imprisonment, and/or possible dismissal from the University.

Signature of person you support, verifying the information provided is true and correct. (if person is under the age of 18, the guardian may sign) Date

Parent Signature (for dependent students only) Date

Student Signature: Date

Submit this form to: Franklin University Financial Aid 201 S. Grant Ave Columbus, OH 43215 Fax: 614.255.9478 Email: finaid@franklin.edu