

## **Support of Family Members**

2024-25 FAC SHM

UNIVERSITY			
tudent Last Name			
tudent First Name Student ID	Date of Birth	(mmddyy	)
con review of your file, we are requesting additional information regarding the support of family members rification worksheet. Please complete the following information and <b>provide a detailed statement</b> as to we pendent) support the individual(s). Providing proper and thorough statement and/or documentation will be ryour claim. After reviewing the documentation submitted, professional judgment will be used to determine cluded as a family member for financial aid purposes. Professional judgment decisions are final. Clude the following information for the person(s) you claim <b>currently lives</b> with you (or lives with your parently provide more than 50% of their support. Use a separate piece of paper if you represents or additional explanation of the circumstances.	why you (or yo help us in dete nine if the indiv ents, if depend	ur parent(sermining e vidual will l	s) if ligibility be you (or
Name: • Name:			
Age: Relationship to you: • Age: Relationship			
Length of time you <b>expect</b> to provide <u>more than 50% support</u> for this person <u>between July 1, 2024 and June 30, 2025</u> .  • Length of time you <b>expect</b> to provide for this person <u>between July 1, 2024 and June 30, 2025</u> .			
From (mm/dd/yy):/ To:// From (mm/dd/yy)://			
Reason the person lives with you and/or the reason you support them (be specific, use additional paper if needed):  • Reason the person lives with you them (be specific, use additional paper if needed):	al paper if need	ded):	
one: Failure to complete ALL fields and obtain ALL below needed signatures will mean above listed individual or your household for financial aid purposes.  Partification and Signatures:  Pertify that all information and documentation submitted is true, complete, and correct to the best of my known that all information and documentation on this form may result in a reduction or repayment of a sciplinary action up to and including dismissal from the University. If asked, I agree to provide additional proformation/documentation provided with this form. I authorize the University to verify any third-party documentation provided with this form.	nowledge. Tu aid, fines, impr proof of the	nderstand isonment,	that and/or
gnature of person you support, verifying the information provided above is true and correct. person is under the age of 18, legal guardian signature required)	Date		
rent Signature (for dependent students only)	Date		
udent Signature Date			

 $Submit\ this\ form\ to: \quad \underline{finaidforms@franklin.edu}$ 

<sup>\*</sup>Please do not send any documents with protected personal or financial information to any email address other than  $\underline{\text{finaidforms@franklin.edu}}.$