## **Financial Aid Office, Health Sciences Campus**

\*Typed and digital signatures are not acceptable

Building 120, Room 210 2160 South First Avenue

Maywood, IL 60153 Phone: 708.216.3227

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



Preparing people to lead extraordinary lives

Student Name: (Please print)			Loyola ID:  (Your 11-digit Loyola ID number begins 0000)		
List the number of peo	ple wh	om you or your spo	ouse will support between	n July 1, 2021 an	d June 30, 2022.
support from you or y support from you or y here are more than five	our spo y <b>our s</b> j e peop	ouse. Include other pouse, and will colle, please attach and	people only if they now intinue to get this support other sheet listing addition	live with and get t between July 1, ional family mem	2021 and June 30, 2022. If
Full Name of Family Member (First and Last Name)	Age	Relationship To You, the Student	Attending undergraduate college at least half-time during 2021–2022?	Degree Program (for example: B.S., M.S.)	Name of College or University family member will attend in 2021-2022?
Jane Doe	26	Student	Yes	MD	Loyola University Chicago
John Doe	27	Spouse	No	N/A	N/A
1.					
2.					
3.					
4.					
5.					
knowledge. If reques	n provi sted, w	e agree to give prod	of of the information we	have provided or	complete to the best of my a this form. Proof may include all result in the loss of financial
Spouse's Signature (i	cable)*		Date		

**HSC IV 2022**