

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

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



Preparing people to lead extraordinary lives

2024–2025 Dependent Verification Worksheet

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

List the number of people whom **your parent of record(s)** will support between July 1, 2024, and June 30, 2025.

Include yourself and your parent of record(s). Include any siblings or children, if your parent of record(s) provides more than half of the financial support. Include other persons, only if they now live with and get **more than half their support from your parent of record(s)**, and will continue to receive support between July 1, 2024, and June 30, 2025.

If there are more than six people, please attach another sheet listing additional family members.

Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.

Full Name of Family Member (First and Last Name)	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	18	Student	Yes	B.S.	Loyola University Chicago
John Doe	53	Parent	No	N/A	N/A
1.					
2.					
3.					
4.					
5.					
6.					

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature*

Date

Parent Signature*

Date

*Typed and digital Signatures are not acceptable

DV 2025

Last Updated 01/22/24