## **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

Student Name: (Please print)			Loyola ID: (Your 11-digit Loyola ID number begins 0000)		
ist the number of pe	ople wh	om you or your spo	ouse will support betwee	n July 1, 2022 an	d June 30, 2023.
upport from you or upport from you or nere are more than fi	your spo <b>your sp</b> ve peopl	ouse. Include other <b>bouse</b> and will conde, please attach a	people only if they now ntinue to get this support sheet listing additional f	live with and get between July 1, 2 amily members.	ren get more than half of thei more than half their 2022 and June 30, 2023. 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 2022–2023?	Degree Program (for example: B.S., M.S.)	Name of College or University family member will attend in 2022–2023?
Jane Doe	24	Student	Yes	B.S.	Loyola University Chicag
John Doe	24	Spouse	No	N/A	N/A
1.					
2.					
3.					
4.					
5.					
knowledge. If reque	on proviested, we	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 Il result in the loss of financia