

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/faupload>



Preparing people to lead extraordinary lives

2025–2026 Dependent Verification Worksheet

Student Name: _____
(Please print)

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

List yourself, your parent(s) of record, and the people whom your parent of record(s) will support between July 1, 2025, and June 30, 2026.

Include any siblings, or children, and/or other persons if your parent of record(s) provides more than half of the financial support. Individuals must receive more than half of their financial support from your parent(s) of record, and will continue to receive the support from July 1st, 2025 through June 30th, 2026.

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

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

First and Last Name	Age	Relationship To You, the Student	Currently attending college at least half-time?	Degree Program	Name of College or University
<i>Example Student</i>	<i>18</i>	<i>Example Self</i>	<i>Yes</i>	<i>B.S.</i>	<i>Example University</i>
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

Types and digital signatures are not accepted

Date

DV 2026

Last updated 12/2024