

Student: _____ SSN: _____

Use this form to report tuition payments for a dependent student's younger sibling(s) attending an elementary, junior high, or senior high school and/or tuition paid to an accredited college or university if one or both of a dependent student's parents is currently enrolled and attending.

1. Complete the following chart(s). Indicate the name and the relationship to the student of the family member for whom tuition was paid and the institution to which tuition was paid. If tuition was paid in one lump installment, enter the monthly amount of tuition by dividing by 12.

Complete an additional form, as needed, to represent tuition paid for more than two family members.

Family Member 1

Name of the family member for whom tuition was paid: _____						
Relationship to the student (including step-family): Student's Sister <input type="checkbox"/> Brother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>						
Name of the institution to which tuition was paid: _____						
EACH FIELD MUST CONTAIN A NUMERIC VALUE. ENTER \$0, IF APPLICABLE.						
Month	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
Amount Paid						
Month	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
Amount Paid						

Family Member 2 (if applicable)

Name of the family member for whom tuition was paid: _____						
Relationship to the student (including step-family): Student's Sister <input type="checkbox"/> Brother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>						
Name of the institution to which tuition was paid: _____						
EACH FIELD MUST CONTAIN A NUMERIC VALUE. ENTER \$0, IF APPLICABLE.						
Month	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
Amount Paid						
Month	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
Amount Paid						

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2. Attach required documentation:

- a. Payment contract, documented school costs, or paid receipts that clearly show the name of the institution and cost.

Validation Statement: I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the Financial Aid Office at the time there are changes to the situation on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided affects only the student financial aid received at Grace College for the 2019-2020 award year.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(for dependent student only)

**Return to: Grace College - Office of Financial Aid
200 Seminary Drive, Winona Lake, IN 46590
Fax: (574) 267-5132
E-mail: financialaid@grace.edu**