

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: _____						
<b>EACH FIELD MUST CONTAIN A NUMERIC VALUE. ENTER \$0, IF APPLICABLE.</b>						
<b>Month</b>	<b>July 2024</b>	<b>August 2024</b>	<b>September 2024</b>	<b>October 2024</b>	<b>November 2024</b>	<b>December 2024</b>
<b>Amount Paid</b>						
<b>Month</b>	<b>January 2025</b>	<b>February 2025</b>	<b>March 2025</b>	<b>April 2025</b>	<b>May 2025</b>	<b>June 2025</b>
<b>Amount Paid</b>						

### 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: _____						
<b>EACH FIELD MUST CONTAIN A NUMERIC VALUE. ENTER \$0, IF APPLICABLE.</b>						
<b>Month</b>	<b>July 2024</b>	<b>August 2024</b>	<b>September 2024</b>	<b>October 2024</b>	<b>November 2024</b>	<b>December 2024</b>
<b>Amount Paid</b>						
<b>Month</b>	<b>January 2025</b>	<b>February 2025</b>	<b>March 2025</b>	<b>April 2025</b>	<b>May 2025</b>	<b>June 2025</b>
<b>Amount Paid</b>						

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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 2024-2025 award year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(for dependent student only)

**Return to:    Grace College - Office of Financial Aid  
                  1 Lancer Way, Winona Lake, IN 46590  
                  E-mail: [financialaid@grace.edu](mailto:financialaid@grace.edu)**