

Student

Legal Name: _____ MUID #: _____
Last First M.I.

I. HHS Disadvantaged Programs:

- ◆ Health Professions Loan (HPL) – (Dental)
- ◆ Loan for Disadvantaged Students (LDS) – (Dental)
- ◆ Scholarship for Disadvantaged Students (SDS) – (Dental/Nursing)

You provided parent information on your 2019-2020 Free Application for Federal Student Assistance (FAFSA), however, the parent signature was not included on your application. If you wish to be considered for and/or receive any of the programs listed above, read the information below, which was taken directly from the FAFSA.

Please sign, date, and return this form to Marquette Central. You have the following options for submitting the completed form along with any other requested documents: scan and email; fax; mail; delivery. Information is provided at the bottom of this form related to each option.

II. Please read, sign, and date.

A. Student: By signing this form you certify that you

- (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and
- (4) will notify your school if you default on a federal student loan.

Student Signature: _____ **Date:** _____

***PLEASE MANUALLY SIGN WITH A BALLPOINT PEN.
FORMS WITH DIGITAL/ELECTRONIC/TYPED SIGNATURES CANNOT BE ACCEPTED AND WILL BE RETURNED***

B. Parent: By signing this form you agree, if asked, to provide information that will verify the accuracy of your FAFSA. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Parent Signature: _____ **Date:** _____

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****Please also complete Page 2 of this Form**



Student

Legal Name: _____ MUID #: _____

Family Information

Please list below yourself and the people in your parent(s)' household. This should include the following:

- Your parent(s) (including stepparent if applicable) even if you do not live with your parents
- Your parents' other children, even if they don't live with your parent(s) **if they meet the following criteria:**
 - Your parents will provide more than half of their support from July 1, 2019 through June 30, 2020 or the children would be required to provide parental information when applying for federal student aid.
 - Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.
- Age – of individual(s) listed
- Relationship to student – for example, mother, father, step-parent, brother, sister
- Also write the name of the college for any household member (excluding your parent(s), who will enroll in a degree, diploma, or certificate program on at least a half-time basis between July 1, 2019 and June 30, 2020.

Full Name	Age	Relationship	College (see above instructions)
		Self	Marquette University