UNIVERSITY OF
ST FRANCIS

FAMILY MEMBER ENROLLMENT CLARIFICATION
2019-2020

USF Student's Name:_____USF ID or SSN:_____

We have reviewed your application for financial assistance and must clarify the information provided. You reported more than one family member would be attending college during the **2019-2020** school year. To be counted in the number in college, each family member must list the institution they will attend for the coming school year.

Please enter the names of all family members and the name of the institution that this family member will attend on the chart below. If the family member is in the process of selecting an institution, but will definitely be enrolled for the **2019-2020** academic year, list the school that they will most likely attend. Contact Financial Aid Services if you have any questions regarding this information.

NAME OF FAMILY MEMBER	RELATIONSHIP TO YOU	AGE	LIST THE INSTITUTION'S NAME BELOW FOR EACH FAMILY MEMBER ENROLLED AT LEAST HALF TIME IN A COLLEGE/UNIVERSITY.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

We certify that the above information is true and correct to the best of our knowledge.

_____
Student's Signature Date

_____
Parent's Signature Date

Please return the completed form to:

Financial Aid Services
500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822