



# 2011-2012 Sibling/Dependent Support Form

## PURPOSE

This form is used to clarify household information about individuals listed on the FAFSA who are not your spouse or child, or those listed who are over the age of 24.

## BASIC INFORMATION

Student Name \_\_\_\_\_

Biola ID# \_\_\_\_\_

## SIBLING/DEPENDENT INFORMATION

Sibling/Dependent Name \_\_\_\_\_

1. What is the sibling/dependent's relationship to the student? \_\_\_\_\_

2. Will you/your parent(s) provide more than half of this individual's support from  
**July 1, 2011 through June 30, 2012?**

YES

NO

## SIGNATURE



**PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I verify that the information on this form is true and complete.

Biola Student's Signature \_\_\_\_\_

(Required of all applicants)

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(Required for dependent applicants)

Date \_\_\_\_\_