



2008-2009
Sibling/Dependent
Support Form

PURPOSE

The Sibling/Dependent Support Form is used to provide additional information about a dependent claimed either by you or your parents on your FAFSA.

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, 2008 through June 30, 2009**?
 YES NO

SIGNATURES

 **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/We verify that the information on this form is true and complete.

Student Signature (Required of all applicants) Date

Parent Signature (Required for DEPENDENT students) Date