



2009-2010  
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, 2009 through June 30, 2010**?  
 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 \_\_\_\_\_