

2018-2019 Special Circumstances Request Parent in College

Student Name	ID #
---------------------	-------------

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Although the FAFSA doesn't allow including a parent in the number in college, if your parent is working on an undergraduate degree and attending college at least half time, LSSU may be able to make an adjustment to your FAFSA on your behalf. You must submit proof of your parent(s) college attendance – such as a current tuition bill that shows enrollment and charges paid by the parent—for consideration. The parent must be enrolled in an eligible undergraduate academic program at an institution that is eligible to receive Federal Title IV funds.

SECTION I - PARENT INFORMATION

Name of Parent Attending College: _____
 Day Phone: ____/____

Parent's Employer (If Parent is currently employed): _____

Parent's educational history – list all postsecondary education below (degrees and majors):

Is Parent's tuition paid or reimbursed by Employer? No Yes
 If Yes, how much? _____

Name of university, college, or other accredited school: _____

Degree type: One - year certificate Associate degree Bachelors Masters Doctorate

Major or name of program: _____

Anticipated enrollment (number of hours per semester/quarter):
 Fall 2018 _____ Spring 2019 _____ Summer 2019 _____

SECTION II – ATTACH DOCUMENTATION

Attach official proof of parent's enrollment from the above college. **This form cannot be processed without documentation if the parent is attending a college other than LSSU.** Please make sure the proof of enrollment includes the number of credit hours by semester/quarter the parent is enrolled in and the parent's name. Documentation is not required for parent enrollment at LSSU.

SECTION III – FAMILY INFORMATION

Write the names of all family members in parent's household (including student). Also write the name of the college for any family member(s) who will be attending college at least half-time (minimum of 6 semester or quarter hours per term) between July 1, 2018 and June 30, 2019, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College or University
		Self	LSSU

SECTION IV – CERTIFICATION

By signing this form, I certify that all of the above information is complete and correct.

Student _____ Date _____

Parent (one parent must sign) _____ Date _____

Internal use ONLY Reviewed: _____ Scanned: _____ VERCf-SC4
--

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
--

RETURN FORM TO: Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669 Email: finaid@lssu.edu
