

# 2019-2020 Special Circumstances Request Parent in College

<b>Student Name</b>	<b>ID #</b>
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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: \_\_\_\_/\_\_\_\_

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

Anticipated enrollment (number of hours per semester/quarter):  
 Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_ Summer 2020 \_\_\_\_\_

## **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, 2019 and June 30, 2020, 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](mailto:finaid@lssu.edu)