



## Tuition Grant Dependency Verification Form 2019/20

I, \_\_\_\_\_, do attest that I am the  
Student Name (printed)

dependent\* child  or spouse  (check one) of \_\_\_\_\_, and  
Printed Parent Name/Printed Spouse Name (Circle One)

therefore I am eligible to receive the \_\_\_\_\_ tuition grant for the  
Employer/Partner Name  
2019/2020 academic year.

By signing this form, I acknowledge that if it is discovered that the above information was falsified,  
the tuition grant is subject to cancellation.

\_\_\_\_\_  
Student Signature (handwritten, not typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID (example: A00XXXXXX)

\_\_\_\_\_  
Parent/Spouse Signature (handwritten, not typed)

\_\_\_\_\_  
Date

\*The definition of dependency varies according to each partnership agreement. Please visit  
[www.davenport.edu/partnership-grants](http://www.davenport.edu/partnership-grants) to view an individual partner's criteria for being considered a  
dependent.

### Submit forms and other financial aid paperwork via:

Secure upload @ <https://my.davenport.edu/financial-aid/financial-aid-resources/forms/fa-document-upload>

or

Fax to 616-732-1141

or

Mail to Davenport University, Attn: Financial Aid, 6191 Kraft Ave., Grand Rapids, MI 49512