



Parent in College Verification Form

VALPARAISO UNIVERSITY

OFFICE OF FINANCIAL AID

Student's Name _____

VU ID# _____

Name of parent attending college _____

Name of College/University _____

Major _____

Expected Degree _____

Not enrolled in a degree program

Fall semester _____ year	Spring semester _____ year
<input type="checkbox"/> enrolled full-time <input type="checkbox"/> enrolled half-time <input type="checkbox"/> enrolled less than half-time <input type="checkbox"/> not enrolled	<input type="checkbox"/> enrolled full-time <input type="checkbox"/> enrolled half-time <input type="checkbox"/> enrolled less than half-time <input type="checkbox"/> not enrolled
Total tuition charge \$ _____	Total tuition charge \$ _____
Are you receiving financial aid?	Are you receiving financial aid?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please attach a copy of your award letter.	If yes, please attach a copy of your award letter.
Are you receiving tuition reimbursement?	Are you receiving tuition reimbursement?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what percent? _____	If yes, what percent? _____

If you have additional school related expenses that need to be taken into consideration, please attach a detailed letter.

Parent's Signature _____ Date _____