



AZUSA PACIFIC
UNIVERSITY

Student's Last Name

First Name

M. I.

APU ID Number

Why are you being asked to complete this form? On the FAFSA, you (the parent) reported the number of people in your household who will be attending college in 2017-18. The government requires APU to confirm this information to complete your student's application for financial aid.

Who should be listed below:

- Student.
- Children and other dependents that you (the parent) financially support, who will be attending college at least half-time (6 units), July 1, 2017–June 30, 2018.
- Do <u>not</u> include parents.

Family Member's Name	Relationship to Student	Age	Name of University/College
1.	Student		Azusa Pacific University
2.			
3.			
4.			
5.			

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)		Date
Parent Signature (Required)		Date
Stapu.edu/onestop	🔺 onestop@apu.edu	626 815 2020 p 626 815 3809 f