

PARENT IN COLLEGE
2009-2010

Western Illinois University

Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390

Phone: 309/298-2446
FAX: 309/298-2353

Student's Name: _____
(Please Print)

WIU ID#: _____

I am requesting a special review of my 2009-2010 financial aid application to include a parent in college. My parent is enrolled for at least six credit hours for at least one term/semester or twelve clock hours per week during 2009-10. I have provided the following documentation:

1. Print name and address of parent attending college:

Parent name _____

Street address _____

City _____ State _____ Zip code _____

2. My parent is enrolled in a program leading to a degree or certificate. Yes No

Parent's anticipated date of graduation is _____ Month _____ Year

Name and address of parent's college, university or technical school:

3. List all family members *who will be attending college* at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College

4. I have attached a copy of my parent's class schedule for at least one term/semester between July 1, 2009 and June 30, 2010.

Signature of parent attending college _____ Date _____

Student's signature _____ Date _____