

**2023-24
Parent Signature/Household
Information Required Form
(F4FHSA)**



Marquette University, Office of Student Financial Aid
P.O. Box 1881
Milwaukee, WI 53201-1881
Email: marquettecentral@marquette.edu
Website: mu.edu/central
Phone: (414) 288-4000

Student

Legal Name: _____ MUID#: _____

INSTRUCTIONS: Complete both pages of this form and return to Marquette Central. Upload using Document Upload found under the Financial Aid tile in [CheckMarg](#). You can also return them in person to Zilber Hall, Suite 121 or mail to Marquette Central, Office of Student Financial Aid, P.O. Box 1881, Milwaukee, WI 53201-1881.

NOTE: Due to imaging system requirements, photographs of documents are not acceptable.

I. HHS Disadvantaged Programs:

- **Health Professions Loan (HPL)** – (Dental)
- **Loan for Disadvantaged Students (LDS)** – (Dental)
- **Scholarship for Disadvantaged Students (SDS)** – (Nursing)

You provided parent information on your 2023-24 Free Application for Federal Student Assistance (FAFSA); however, the parent's signature was not included on your application. If you wish to be considered for and/or receive any of the programs listed above, read the information below, which was taken directly from the FAFSA.

II. Please read, sign, and date.

A. Student: By signing this form you certify that you

- (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and
- (4) will notify your school if you default on a federal student loan.

Signature. Manually sign with a ballpoint pen.

***Forms with digital/electronic/typed signatures cannot be accepted and will be returned.**

I certify that I have read, understood, and agree to the information above.

Student's Signature: _____

Date: _____

B. Parent: By signing this form you agree, if asked, to provide information that will verify the accuracy of your FAFSA. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Signature. Manually sign with a ballpoint pen.

***Forms with digital/electronic/typed signatures cannot be accepted and will be returned.**

I certify that all the information on this form is true and correct.

Parent's Signature: _____

Date: _____

Print Parent's Name: _____

Parent Daytime Phone and/or Email: _____

****Complete Page 2 of this Form**



Student

Legal Name: _____ MUID #: _____

III. Family Information

List yourself and the people in your parent(s)' household below. This should include the following:

- Your parent(s) (including stepparent if applicable) even if you do not live with your parents
- Your parents' other children, even if they don't live with your parent(s) **if they meet the following criteria:**
 - Your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 or the children would be required to provide parental information when applying for federal student aid.
 - Other dependents if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.
- Age – of individual(s) listed
- Relationship to student – for example, mother, father, step-parent, brother, sister
- Write the name of the college for any household member (excluding your parent(s), who will enroll in a degree, diploma, or certificate program on at least a half-time basis between July 1, 2023 and June 30, 2024.

Full Name	Age	Relationship	College (see above instructions)
		Self	Marquette University