



1. Name of Applicant \_\_\_\_\_
2. With whom does the applicant reside? \_\_\_\_\_
3. If you have knowledge that someone claimed the applicant as an income tax exemption in 2021, please provide their name and relationship to the applicant.  
\_\_\_\_\_
4. This student is claiming to be independent of his/her parents: Please explain what you know about this student's relationship to his/her parents, and how the student has supported him/herself. If you should need more space to explain attach a letter or use the back of this form.  
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I certify that the information on this form is true and complete to the best of my knowledge. I understand I may be contacted if further information is needed.

Name of Reference (Please print) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Best time to be reached \_\_\_\_\_

Please return completed form to SOUTHWESTERN ADVENTIST UNIVERSITY Student Financial Services.