APPLICATION TO DISBURSE MARRIED AND FAMILY MEMBER TUITION BENEFIT



I, (Print Name) have previously applied for and have been approved for the Married and Family Member Tuition Benefit under the status of: Married 🗌 Family Member

I am enrolled in the DC program, in my 12th quarter class level at Life University, and hereby submit this application for disbursal of the accumulated benefit of the Married and Family Member Tuition Benefit.

I understand that this benefit is not retroactive, and that upon dissolution of a benefit-approved marriage the Termination of Qualified Relationship form must be filed with the Office of Financial Aid within 30 days, and at that time I will cease to qualify for this benefit, but will retain any accumulated benefit.

I also understand that any fraudulent action, statement or document provided to qualify for or receive this benefit may be cause for Life University to pursue legal action, against both named individuals, to recover any loss including reasonable attorney's fees.

My qualified relationship is in good standing and I am applying for benefit disbursal. Included with this application is all required documentation.

My co-approved individual is:

Print Name

_____LIFE Student ID # _

My qualified relationship status is:

Family Member

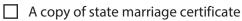
Qualified family members are defined as: Child - biological, step or adopted, Parent - biological, step or adoptive, Sibling - two or more children having one or both parents in common

No additional documents required to submit

Married Couple

A married couple is one where the individuals are legally married, in a committed relationship with each other, reside together, are financially interdependent upon each other, and share the common necessities of life.

Must provide the following document:



Must provide two of the following documents:

- A copy of a joint bank account or credit card statement
- A copy of a joint utility statement (gas, electric, cell phone, cable)
- A copy of a joint lease or mortgage (proof of shared residency)
- A copy of both individuals' Driver's License showing same address

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FAMILY MEMBER TUITION BENEFIT



□ I am applying for benefit disbursal based on benefit accumulated prior to the termination of my qualified relationship. I have filed a Notice of Termination of Qualified Relationship with the Office of Financial Aid.

I understand the benefit disbursement is not automatic, and each DC enrolled individual must submit a separate Application to Disburse Benefit form.

I confirm that during the time I have been qualified for this benefit, both the co-approved individual and I were continuously enrolled full-time in the DC program and/or in a College of Graduate and Undergraduate Studies program and we both have remained in good standing.

I understand that 50% of the accumulated benefit will be awarded during the 13th quarter class level, with the remaining benefit to be awarded during the 14th quarter class level.

Signature 1	1 LIFE Student ID #			
Signature 2		LIFE Student ID #		
State of				
County of				
Personally appear before me the above name				
and				
personally known to me, who, being duly swe the statements contained therein are true an			nent and that	
Subscribed and sworn to me this	day of	20	·	
Notary Public				
My Commission Expires				
Stamp Seal Here				

 For use by Office of Financial Aid only:

 Date/quarter application received
 day of
 , 20
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Office of Financial Aid • 1269 Barclay Circle, Marietta, GA 30060 • (770) 426-2700 Office • (770) 426-2926 Fax