

# APPLICATION TO RECEIVE MARRIED AND FAMILY MEMBER TUITION BENEFIT



Revised JUNE 2019

Effective October 7, 2019, married couples or family members (parent & child or two or more siblings), where married couples or family members are concurrently enrolled full-time (12 or more credits) in the Doctor of Chiropractic program and all are meeting Satisfactory Academic Progress as defined by Financial Aid are eligible for this benefit. Married couples must have maintained marital status for a minimum of six (6) months prior to applying for this benefit. Each student will be eligible for a tuition remission benefit of \$1,000.00 per quarter for each quarter in which they are concurrently enrolled, up to a maximum benefit of \$14,000 (enrolled 14 DC quarters). Application must be approved prior to the student's 13th quarter class level. A student is not eligible for this benefit if approval is not established prior to the 13th quarter. A student is allowed a one-time approved married or family member tuition benefit application while attending Life University.

**The married couple or family members are both enrolled DC:** The benefit for each qualified individual will be awarded as 50% of the benefit in the 13th quarter class level and the remaining 50% in 14th quarter class level, on the condition that the relationship of the married couple or family members status is confirmed, and that each individual is making Satisfactory Academic Progress as determined by the Office of Financial Aid.

**One student enrolled in DC and one student enrolled in a College of Graduate and Undergraduate Studies (CGUS) program:** The benefit for the student enrolled in the DC program will be awarded as 50% of the benefit in the 13th quarter class level and the remaining 50% in 14th quarter class level, on the condition that the relationship of the married couple or family member status is confirmed, and that each individual is making Satisfactory Academic Progress as determined by the Office of Financial Aid.

We, the following individuals:

Print Name 1 \_\_\_\_\_

and Print Name 2 \_\_\_\_\_

hereby submit this application to qualify for the Married and Family Member Tuition Benefit. We attest that all information and documentation provided is true.

## QUALIFYING RELATIONSHIPS

Please check box to indicate type of relationship and provide indicated documents.

### 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.

Each student must provide a copy of his/her birth certificate.

If step-parent is the student, he/she must also provide marriage license with biological parent.

# APPLICATION TO RECEIVE BENEFIT MARRIED AND DOMESTIC PARTNER TUITION BENEFIT



**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.

- The couple must provide a copy of their state marriage certificate.
- In addition, the couple must provide two of the following documents:
  - A copy of a joint lease or mortgage (proof of shared residence).
  - A copy of a joint bank account or credit card statement.
  - A copy of a joint utility bill.
  - Copies of Driver's License with the same address.

Included with this application is all required documentation.

We understand that this benefit is not automatic, we have read the policy statement, and we understand that the policy, process information and all forms are available through the [www.life.edu/financialaid-forms](http://www.life.edu/financialaid-forms).

We understand that upon dissolution of a benefit-approved relationship a Termination of Qualified Relationship form must be filed with The Office of Financial Aid within 30 days, and at that time we will cease to qualify for this benefit.

**We 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.**

Signature 1 \_\_\_\_\_ LIFE Student ID # \_\_\_\_\_

Signature 2 \_\_\_\_\_ LIFE Student ID # \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appear before me the above named \_\_\_\_\_

and \_\_\_\_\_,

personally known to me, who, being duly sworn, depose and say that they executed the above instrument and that the statements contained therein are true and correct to the best of their knowledge and belief.

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\_\_\_\_\_.