



Tuition Grant Dependency Verification Form 2024-2025

I, _____, do attest that I am the
Student Name (printed)

dependent* child or spouse of _____, and
Parent /Spouse Name (printed)

therefore I am eligible to receive the _____ tuition grant for the
Employer/Partner Name
2024/2025 academic year.

By signing this form, I acknowledge that if it is discovered that the above information was falsified, the tuition grant is subject to cancellation.

Student Signature (handwritten, not typed)

Date

Student ID (example: A00XXXXXX)

Parent/Spouse Signature (handwritten, not typed)

Date

*The definition of dependency varies according to each partnership agreement. Please visit www.davenport.edu/partnership-grants to view an individual partner's criteria for being considered a dependent.