



## Tuition Grant Dependency Verification Form 2026-2027

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  
2026/2027 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](http://www.davenport.edu/partnership-grants) to view an individual partner's criteria for being considered a dependent.