



\_\_\_\_\_ m 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)

he 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.