



Special Conditions - K-12 Tuition Paid Validation Statement

Last Name	First Name	Middle Initial	Student ID		
Street Address	City		State	Zip	
Email Address	Home Phone Numb	per	Cell Phone Numl	oer	
Tuition Information					
In the table below, list the a	amount of tuition paid for t	he student and/or a	ny siblings who a	ttended elementary	
junior high, and/or high scl	hool during the	calendar year	(January to Dece	mber).	
Do not include tuition paid					
Sibling's Name	Amount o	Amount of Tuition Paid		Name of School Paid	
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			1		
			1		
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. Signatures Needed I certify the information abo	wais true and assurate to the	a bast of my knowlad			
reertify the information abo	ve is true and accurate to the	e dest of fifty knowledg	je.		
Parent's Signature			Date		
School Official's Name (please print)					
School Official's Signature			Date		
School Official's Title			Phone Number		

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Student Aid (FAFSA) information will be required to complete the verification process before the request can be finalized.

V. Submission Methods: Choose one of the following:

Note: When submitting this document, and other requested documents, please use the online upload tool.

It is your responsibility to blacken out all personal identifying information if you send your document through the mail (all but last four digits of your Social Security number, bank account information, etc.).

Online: Go to mycu.cedarville.edu, click on "Financial Aid Upload Tool".

Mail: Cedarville University Financial Aid, 251 N. Main Street, Cedarville, OH 45314