Loma Linda University

Financial Aid

Student Statement Form

Personal Information

Aid Year: 23/24

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Email Address: _____ **Phone Number:** _____

Please check the school you will attend:

☐ Allied Health ☐ Dental Hygiene ☐ Dentistry ☐ Medicine ☐ Nursing ☐ Pharmacy ☐ Public Health

☐ Interdisciplinary Studies ☐ Religion ☐ Behavioral Health

Student Statement Form

Use this form to provide a detailed statement regarding your financial aid application for the 2023-24 school year. Failure to provide a complete statement and/or explanation may result in the termination of this form. Attach additional sheets if necessary.

Statement (Please Print) : _____

Required Signatures

I certify that the above statement is true and accurate to the best of my knowledge. I realize that I may be asked to provide supporting documentation to verify the accuracy of the above statement, if necessary. I also understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received.

Student's Signature: _____ **Date:** _____ / _____ / _____

Mail form to: LLU Office of Financial Aid, 11139 Anderson St., Loma Linda, CA 92350, or Fax to: (909)558-4283

If you have any questions please email **Finaid@llu.edu** or call **(909) 558-4509**