



A. Student Information

Student's Full Name

ODU Student ID Number or Last 4 of social

Student Phone Number (Including Area Code)

*Parent Daytime Phone Number
(Dependent Students only)*

B. Reason For Filing Loss of Taxable Social Security Benefits

1. Date funds were reduced or ceased: _____
2. Indicate the amount and frequency (weekly, monthly) social security WAS being received prior to the change:
\$ _____
3. Indicate the amount and frequency (weekly, monthly) social security IS currently being received (if applicable):
\$ _____
 - o **Required Documentation:** Letter from Social Security Administration indicating the date the change in benefits is to occur AND a statement showing how much you were receiving before the loss or reduction.

C. Personal Statement

I have attached a personal statement to this application explaining the details of my specific situation.

D. Verification Worksheet

I have submitted a V1 Standard: 2025-2026 Verification Worksheet and any documentation that may be required with it (located at

Submit completed form to:

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219
Phone: (614) 251-4778 Fax: (614) 253-3499