

## 2017-2018 College Verification of Enrollment for Family Member

You reported on your verification form that one or more of your family members will be attending college at least half-time during the 2017-2018 school year. To continue processing your application for financial aid, the school your family member(s) attend(s) must complete, sign, and return this Verification of Enrollment form to the Kubert School Financial Aid Department. Please submit one form for each attending family member. **The completed form must be received by July 1, 2017.**

**NOTE:** The number in college will be updated after receiving and reviewing this completed form.

### PART I. STUDENT ATTENDING KUBERT SCHOOL INFORMATION

Name: \_\_\_\_\_ Your Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Email Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

### PART II. FAMILY MEMBER ATTENDING SCHOOL AT LEAST HALF-TIME INFORMATION

Please complete and submit this form to the financial aid office of the school you are attending at least half-time.

Your Name: \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Your relationship to the Kubert School student: \_\_\_\_\_

Name of School you are attending at least half-time: \_\_\_\_\_

I hereby authorize the financial aid department at the above-named institution to provide enrollment information to the Kubert School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART III. TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT SCHOOL FAMILY MEMBER IS ATTENDING

The person listed in Part II indicated he/she is attending your school, please complete the information below and submit the form to The Kubert School Financial Aid Department.

Is this student enrolled in a degree/certificate program?  Yes  No

Student enrollment status:  Full-time  Half-time  Less than half-time  Not enrolled

Dates of enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_ / \_\_\_\_\_  
MM YYYY

Name of School: \_\_\_\_\_

Name of Financial Aid Official: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Financial Aid Official: \_\_\_\_\_ Date: \_\_\_\_\_