2016/2017 VERIFICATION OF FAMILY ENROLLMENT

Name of Pomona College Student: ________________________________ (Last)   (First)   (MI)

Please have the Financial Aid Office and/or the Registrar’s Office of the institution where the family member (under Federal regulations, parents do not qualify to be counted in the “number in college”) will be enrolled complete this form and return it to us by regular mail no later than October 14, 2016. If this form is not received by the stated deadline, your spring financial aid will not be credited to your student account. If your family member needs an extension, you must contact this office.

Family Member Section

Name: ___________________________________________ ID #: __________________________
(Please print)

I grant permission to release this information:

Signature of family member ___________________________ Date __________

Post-secondary Institution Section

Name of Institution: ___________________________ Title IV School Code: ______________

A. Period of Enrollment (any time during 07/01/2016 to 06/30/2017) PLEASE CHECK ALL THAT APPLY:


B. Expected Date of Graduation: ___________________________

C. The above-named student:

Is currently enrolled:

1. ☐ Full-time ☐ Half-time or more 5. Total Budget: $ ______________
2. ☐ Less than half-time ☐ Not enrolled 6. Total Aid: $ ______________

Is considered:

3. ☐ Dependent ☐ Independent (without a calculated parent contribution)
4. ☐ A financial aid recipient ☐ Not an aid applicant

Authorized Signature ___________________________ Date __________

Printed Name ___________________________

Title ___________________________ Office/Department ___________________________

Telephone Number ___________________________

PLEASE RETURN NO LATER THAN OCTOBER 14, 2016