

## Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711 Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

## 2024-25 Verification of Family Enrollment

Your financial aid application indicated that more than one student in your household is or will be enrolled in college/university. Only individuals included in your household (excluding parents) and who are or will be enrolled at least half time in a program leading to a degree/diploma/certificate during the 2024-25 academic year may be included in the number in college. These students must also receive at least 50% of their support from your parents to be included in the household.

Please have an official from the Financial Aid Office or the Registrar's Office of your family member's institution complete and return this form no later than October 14, 2024. The Pomona student's financial aid will be impacted if their family member's enrollment cannot be verified or if the family member is not enrolled at least half-time.

Pomo	na College Stude	ent Information:			
First Name		Last Name		Student ID	
Family	/ Member Inform	ation:			
First Name		Last Name		Student ID	
By sig	ning below, I gra	ant my postsecondary institution	permission to release this information	on:	
Signature of Family Member		nber		Date	
Postse	econdary Institut	ion Information:			
			nily member's postsecondary institut	tion.	
Name of Institution				Title IV School Code	
1.	Period(s) of Enrollment (any time during 07/01/2024 to 06/30/2025):				
	□ Summer (Be	ginning July 2024) ☐Fall 2024	□Winter 2025 □Spring 2025		
2.	Expected Date	e of Graduation:			
3.	The above-nar	The above-named student is currently enrolled:			
	☐ Full-time	☐Half-time or more	□Less than half-time	□Not enrolled	
4.	The above-nar	med student is considered:			
	□ An undergraduate		□A graduate		
		□ Dependent	□Independent		
5.	Total cost of a	attendance for 2024-25:		_	
				_	
			0// 5		
School Official Printed Name			Office/Departme	ent	
T:41 a			Phone Number		
Title			Priorie inumber		
Authorized Signature			Date		