

## **Office of Financial Aid**

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

## 2025-26 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 2025-26 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, 2025. 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.

## **Pomona College Student Information:**

First Name       Last Name         Family Member Information:       East Name         First Name       Last Name         By signing below, I grant my postsecondary institution permission to release this information:         Signature of Family Member         Postsecondary Institution Information:	Date
First Name Last Name By signing below, I grant my postsecondary institution permission to release this informa Bignature of Family Member	ntion: Date
By signing below, I grant my postsecondary institution permission to release this informa	ntion: Date
Signature of Family Member	Date
ostsecondary Institution Information:	tution.
his section must be completed by an official at the family member's postsecondary instit	
lame of Institution	Title IV School Code
1. Period(s) of Enrollment (any time during 07/01/2025 to 06/30/2026):	
□ Summer (Beginning July 2025) □ Fall 2025 □ Winter 2026 □ Spring 2026	6
2. Expected Date of Graduation:	
3. The above-named student is currently enrolled:	
□ Full-time □ Half-time or more □ Less than half-time	□Not enrolled
4. The above-named student is considered:	
□ An undergraduate □ A graduate	
□ Dependent □ Independent	
5. Total cost of attendance for 2025-26:	
School Official Printed Name Office/Departr	ment
itle Phone Number	er