2020-21 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 2020-21 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, 2020. 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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Student ID</th>
</tr>
</thead>
</table>

Family Member Information:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Student ID</th>
</tr>
</thead>
</table>

By signing below, I grant my postsecondary institution permission to release this information:

Signature of Family Member: ___________________________ Date: __________

Postsecondary Institution Information:

This section must be completed by an official at the family member’s postsecondary institution

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Title IV School Code</th>
</tr>
</thead>
</table>

1. Period(s) of Enrollment (any time during 07/01/2020 to 06/30/2021):

☐ Summer (Beginning July 2020)  ☐ Fall 2020  ☐ Winter 2020  ☐ Spring 2021

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 2020-21: ___________________________

School Official Printed Name: ___________________________ Office/Department: ___________________________

Title: ___________________________ Phone Number: ___________________________

Authorized Signature: ___________________________ Date: __________