

2015-2016 Financial Aid Verification

Number in College for Dependent Students

Student's Last Name _____

Student's First Name _____

Student's Last 4 Digits of SSN _____

Why you are asked to complete this form: As indicated on your FAFSA, you (the student) reported the number of people in your parents' household who will be attending college in 2015-2016. The government requires Corban to confirm this information to complete your application for financial aid.

Who should be listed below:

- Yourself (the student)
- Children and other dependents that your parents financially support, who will be attending college at least half-time during the period of July 1, 2015 through June 30, 2016.
- **DO NOT** include a parent who is attending college. You will need to submit a Special Circumstances Form with documentation and our Director of Financial Aid will adjust the number in college.

First and Last Name	Age	Relation-ship	College Name	Will be enrolled at least half time?
<i>Shawn White (example)</i>	<i>20</i>	<i>Brother</i>	<i>Tahoe University</i>	<i>Yes</i>
		Self		

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return completed worksheet to the Corban University Financial Aid Office
5000 Deer Park Drive SE, Salem, OR 97317
Or Fax to: 503-585-4316

Questions? Call 503-375-7006 or email: financialaid@corban.edu