

## 2019-2020 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:** On your FAFSA, you (the student) reported the number of people in your parents' household who will be attending college in 2019-2020. The government requires Corban to confirm this information to complete your application for financial aid. DO NOT SUBMIT THIS FORM VIA EMAIL.

## Who should be listed below:

- Yourself (the student)
- The parents' other children (or anyone else) who will receive more than half of their financial support from your parents, or if the other children would be required to provide parental information if they were completing a 2019-2020 FAFSA, who will be enrolled <u>at least half-time</u> in a degree, diploma, or certificate program at an eligible college from July 1, 2019 through June 30, 2020.

**DO NOT** include a parent who is attending college. You can submit a <u>2019-2020 Special Circumstance Request</u> with documentation for a parent attending college to be considered in your financial need evaluation.

First and Last Name	Age	Relation- ship	College Name	Will be enrolled at least half time?
Example Student	20	Brother	Tahoe University	Yes
		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:
IMPORTANT: DO NOT SUB	MIT THIS FORM VIA EMAIL.
Return this form and required docume	nts using one of the following methods:
	ncial Aid, 5000 Deer Park Drive SE, Salem, OR 97317. 503) 585-4316.
For Office Use Only: RCVD By: RCVD Date: ISI	R # Worksheet # Verified #