

PURPOSE

This form is used to verify enrollment of dependent family members, excluding parents, who may be counted as college students. Family members who may be considered must be enrolled at least half-time in at least one academic term, and must be working towards a degree or a qualifying program at a college that participates in any of the federal aid programs.

BASIC INFORMATION

Student Name _____ Biola ID# _____

ENROLLED FAMILY MEMBER INFORMATION

Family Member's Name _____

Complete Name of College the above family member will attend (e.g. "Cal State Fullerton" not "CSUF") _____

Degree or Certificate the family member is pursuing _____

List of courses in which the family member will be enrolled

Name of Class (e.g. Biology 101)	Number of Units (e.g. 3 units)	Term Attending (e.g. Fall 2011)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check **ONE**:

- We certify that the classes listed above will go towards the family member's degree.
- The family member listed has no plans to attend college this year

SIGNATURES

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Unsigned and incomplete forms will be returned unprocessed.

I/We verify that the information on this form is true and complete.

Enrolled Family Member's Signature _____ (Required) _____ Date _____

Biola Student's Signature _____ (Required of all applicants) _____ Date _____