

# CONFIRMATION OF NUMBER IN COLLEGE

**Austin College Office of Financial Aid**  
900 N. Grand Ave. Ste. 61562 Sherman, Texas 75090

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City, State Zip Code)

2016-2017

\_\_\_\_\_  
(Academic Year)

You indicated on your Free Application for Federal Student Aid (FAFSA) that you will have more than one member of the family in college at least half-time during 2016-2017. Please answer the following questions regarding members of the family in your household, other than yourself, who will be attending college.

**DO NOT INCLUDE PARENTS WHO MAY BE ATTENDING COLLEGE.**

Name of other family member \_\_\_\_\_

Relationship to Austin College student \_\_\_\_\_

College other family member will attend \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enrollment: Full-time  Part-time  Fall semester  Spring semester

Living arrangement: on campus  at home with parents  off campus in apartment

Degree seeking: Associates' Degree  Bachelor's Degree

Graduate or Professional Degree\*  Other  \_\_\_\_\_

(\*Not leveling work to get into a graduate program)

If you checked Graduate or Professional Degree, does the graduate student provide 50% or more of their living expenses? YES  NO

Out of pocket cost to family (include only expenses not covered by financial aid) \$ \_\_\_\_\_

Name of other family member \_\_\_\_\_

Relationship to Austin College student \_\_\_\_\_

College other family member will attend \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enrollment: Full-time  Part-time  Fall semester  Spring semester

Living arrangement: on campus  at home with parents  off campus in apartment

Degree seeking: Associates' Degree  Bachelor's Degree

Graduate or Professional Degree\*  Other  \_\_\_\_\_

(\*Not leveling work to get into a graduate program)

If you checked Graduate or Professional Degree, does the graduate student provide 50% or more of their living expenses? YES  NO

Out of pocket cost to family (include only expenses not covered by financial aid) \$ \_\_\_\_\_

Austin College Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is dependent)

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is married)