



Office of Financial Aid

900 N Grand Ave., Suite 61562, Sherman TX 75090

Phone: 903/813-2900 Fax: 903/813-3198 Email: finaid@austincollege.edu

CONFIRMATION OF NUMBER IN COLLEGE

(Student's Name)

(Date)

(Address)

(Student ID Number)

2020-21

(City, State Zip Code)

(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 2020-21. 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) \$ _____

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By signing this form, I (we) certify that the information given on this form is accurate and true. I (we) understand that giving false or incomplete information may result in the loss of financial aid eligibility.

Austin College Student's Signature: _____ Date: _____

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

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