



**Office of Financial Aid**

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

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## CONFIRMATION OF NUMBER IN COLLEGE

_____	_____
(Student's Name)	(Date)
_____	_____
(Address)	(Student ID Number)
_____	<u>2021-22</u>
(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 2021-22. 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) \$ \_\_\_\_\_

**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)