

College Enrollment & Family Support Verification 2020-2021

Vanderbilt Student's Name:	CB	FinAid ID:	Image Code: C305	
Commodore ID # 000	OR	Last Four Digits	of SSN: XXX-XX	
Excluding student listed above, each incomust complete this form. To be "in colle program at least one term during the 202 household on the FAFSA and Profile.	ege" an individual must be enrolled	l at least half-time in a	a degree or certificate	
Section 1 To be completed by student	that is NOT enrolled at Vanderb	Ilt University		
Name		Institution Attending 2020-21		
Student School	ID	Date of Birth		
I,	authorize a financial	aid administrator of	the above-named institution to	
Print Name	, additionize a maneral	ard administrator or	are above named institution to	
release my information requested belo	w to Vanderbilt University.			
Signature			Date	
Section 2 To be completed by parent(s) ONLY if the student in Section	1 is a Graduate stud	lent	
Parent's out of pocket contribution to	ward the student's expenses durir	g 2020-2021: \$		
Section 3 To be completed by the Fina	ancial Aid Office at the institution	n in Section 1		
Student Degree Level:	Undergraduate	Graduate		
Aid Applicant Status:	Independent	Dependent	Not an Aid Applicant	
Program Type:	Degree	Certificate	Non-degree	
Enrollment Status:	Full-time	Half-time	Less than half-time	
Anticipated Graduation Date				
Total Cost of Attendance/Budget fo	or Aid Year			
Total Amount of Grants and Schol				
Total Amount of Student's Loans f	for Aid Year			
Print Name and Title of Institution's Officer		Signature/Date of Fi	nancial Aid Officer	
Financial Aid Officer Email	Financial Aid Officer Email		Financial Aid Officer Phone Number	
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