College Enrollment Verification of Family Support 2015-16

Vanderbilt Student’s Last Name          First Name                  M.I.           VU Commodore ID

This form is being sent to you so that we may obtain additional information about the enrollment of other family members in a college or university during the 2015-16 academic year. Please complete the following information if either your parents or siblings reported in the household size will be attending college this year. Please do not use any abbreviations.

Parent’s Last Name, First Name

Name of College/University attending in 2015-2016

Enrollment Status (circle one):
FALL: Full-time Half-time Less than half-time
SPRING: Full-time Half-time Less than half-time
SUMMER: Full-time Half-time Less than half-time

Type of degree parent is seeking: ____________________________________________

Expected completion date: _________ Is this degree/certificate required by employer: Yes   No

Approximate out-of-pocket educational expenses for 2015-16: $__________________________

Sibling’s Last Name, First Name

Name of College/University attending in 2015-2016

Enrollment Status (circle one):
FALL: Full-time Half-time Less than half-time
SPRING: Full-time Half-time Less than half-time
SUMMER: Full-time Half-time Less than half-time

Type of degree sibling is seeking: ___________________________Expected completion date: ___________________

Parents’ contribution toward sibling’s expenses during 2015-16: $__________________________

Estimated financial aid (including all grants, scholarships, loans) sibling expects to receive during 2015-16:

________________________________________

Parent Signature ____________________________ Date ____________________________

PLEASE RETURN THIS FORM TO THE OFFICE OF STUDENT FINANCIAL AID

2309 West End Avenue       tel 615.322.3591
Nashville, Tennessee 37203       toll free 800.188.0204
financialaid@vanderbilt.edu
www.vanderbilt.edu/financialaid

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