



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, New Jersey 07083
Phone 908-737-3190 Fax 908-737-3200

2018-2019 Verification of Sibling/Spouse/Child In College Form

Kean Student Name: _____ Kean ID #: _____

You indicated on your FAFSA and/or Verification Worksheet that another member(s) of your or your parent's household (excluding your parents) will be enrolled in college at least halftime for the 2018–2019 Academic Year. The family member attending college and the school that s/he will attend this year must complete the respective sections below. The school must then forward this form to the Kean University Office of Financial Aid. Your file will remain incomplete until we receive this form for each family member attending college.

Family Member in College

Family Member's Name: _____

Relationship to Kean Student: _____

Name of Institution Attending: _____

School ID #: _____

Term(s) attending: _____ Fall 2018 _____ Spring 2019 _____ Summer 2019

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School Certification (to be completed by Financial Aid, Registrar, or other School Official)

This is to certify that the above-listed student is or will be enrolled at our institution for the term(s) and status(es) indicated below:

___ Fall 2018
 ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T

___ Spring 2019
 ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T

___ Summer 2019 (Trailer Period for 2018-2019)
 ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T

School Official's Name (print): _____ Title: _____

School Official's Signature: _____ Date: _____

Name of Institution: _____ OPE ID: _____

Address: _____

Telephone: _____ Email: _____