



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

2017-2018 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 2017–2018 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 2017 Spring 2018 Summer 2018

.....
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 2017
 Fulltime Three-Quarter Time Halftime Less than H/T

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

Summer 2018 (Trailer Period for 2017-2018)
 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 _____