Supplemental Financial Aid Information

Verification of Student Enrollment
For Use by Independent Student
2012-2013 Academic Year

Marist College Student Name: ________________________________ Date: _____________
Student ID: ___________________________

The Financial Aid award received by the above named family member attending Marist College was based on information from the family that more than one household member was attending a post-secondary educational institution. The Office of Student Financial Services is responsible for verifying the enrollment status of the child(ren) and/or spouse of the above named Marist College student. Please take a few moments of your time to complete Section A. You should then forward this form to the Registrar’s Office of that child’s or spouse’s school for the completion of Section B.

Failure to respond to this request will result in an adjustment to the Marist student’s financial aid award package. The net result will be a substantial increase in your contribution to meet educational expenses at Marist College. The adjustment will be retroactive to disbursements already applied to your student account.

SECTION A – CHILD OR SPOUSE STATEMENT (Use a separate form for each institution)

_________________________________________________________ is presently attending:
Child or Spouse Name
______________________________________________________________________________  Name of College or University

Child or Spouse Signature ___________________________ Date __________________

SECTION B: ENROLLMENT VERIFICATION (To be completed by child’s or spouse’s school)

The student in Section A is presently enrolled (check one):

Enrollment: _____ Full Time _____ ½ Time or more _____ Less than ½ time
Program Type: _____ Certificate _____ Degree _________ Date of Completion
Dependency Status: _____ Independent _____ Dependent

The student in Section A is:
_____ Not Enrolled _____ Enrolled in a non-Degree/Certificate Granting Program

Signature of Certifying Official ___________________________ Date __________________

Type or Print Name of Certifying Official ___________________________

Please mail form to:
Marist College
Office of Student Financial Services
3399 North Road
Poughkeepsie, NY 12601

Please fax form to: (845) 575-3099