



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083

2016-2017 Verification of Sibling/Spouse/Child In College Form

Your file has been selected for a federal process called verification, in which the Office of Financial Aid is required to verify the data reported on your FAFSA. One of the data elements verified is sibling(s), spouse, or child in college. According to information provided on your verification worksheet, you indicated there would be another person attending college, but failed to list the name of the school.

Attached to this letter is a **Verification of Sibling/Spouse/Child in College Form** which needs to be completed by your sibling/spouse/child attending college on at least a half-time basis for the 2016-2017 academic year and also by a school official at the institution that they are attending. This form must be returned to Kean University, Office of Financial Aid. Your financial aid file will remain incomplete until this form has been received.

Should you have any questions and/or concerns regarding this letter, please feel free to contact the Office of Financial Aid at (908) 737-3190.



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2016-2017 Verification of Sibling/Spouse/Child In College Form

Kean Student Name: _____ Kean ID #: _____

You indicated on your FAFSA/verification documents that there will be an additional person in your household or your parent's household enrolled in college for the 2016-2017 academic school year. Please have the following section of this form completed by that student you listed on your FAFSA/verification documents and the School Certification section completed by the institution in which they are enrolled.

Sibling's Name: _____

Sibling's School ID #: _____ Relationship to Kean Student: _____

Sibling will be attending (name of institution) _____
for the Fall'16 ___ Spring'17 ___ semester(s).

.....
School Certification (To be completed by school official only)

This is to certify that _____ is attending
_____ for the Fall'16 ___ Spring'17 ___ semester(s).

The student is currently enrolled:

- Full-Time _____
- 3/4 Time _____
- 1/2 Time _____
- <1/2Time _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

Address: _____

Phone #: _____ Email: _____