



**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

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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 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 \_\_\_\_\_