



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC19VSC

2019/2020
VERIFICATION OF OTHER FAMILY MEMBER IN COLLEGE

Name of Other in College _____ SS# _____

Signature of student listed above giving college listed in 1 below permission to complete this form

1. Name of Post Secondary Institution certifying enrollment of student listed above:

2. Check here if the other family member listed above has decided NOT to attend college for the 2019/2020 academic year or has graduated: _____

To be completed by Post Secondary Institution attended by other family member listed above:

The student listed above is a family member of a Worcester State University student who has applied for financial aid. Please complete this form and return it to:

Worcester State University
Financial Aid Office
486 Chandler Street
Worcester, MA 01602

Thank you for your assistance.

The student listed above will be/is enrolled as a _____ full time, _____ three quarter time, _____ half time, _____ less than half time, _____ not currently enrolled student for the 2019/2020 academic year.

If an aid applicant, the student is _____ dependent _____ independent

Name and title of school official: _____

Signature: _____ Date: _____