



**WORCESTER**  
S T A T E  
**UNIVERSITY**

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

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC20VSC

**2020/2021  
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 2020/2021 academic year or has graduated: \_\_\_\_\_

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE (parent) \_\_\_\_\_ DATE: \_\_\_\_\_

**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 2020/2021 academic year.

If an aid applicant, the student is \_\_\_\_\_ dependent \_\_\_\_\_ independent

Name and title of school official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_