

Your financial aid application has been selected for a review process called verification. As part of this process, Concordia College's Financial Aid Office verifies the enrollment for those family members listed on your application materials as required by federal regulations. **Please complete a separate form for each student as needed.**

### **Who is an eligible family member in college?**

A sibling, or other dependent of your parents, who is enrolled at least half-time in an undergraduate, degree or certificate program at another college.

### **Who is not an eligible family member in college?**

- Your parent(s)
- A sibling who is enrolled as a **graduate** student, or who is otherwise considered to be **independent** for federal financial aid purposes (unless your parent(s) is/are providing more than half of his/her financial support)
- A sibling who is enrolled in a military academy
- A sibling who is enrolled in college less than half time or is still in high school while attending college courses (such as Post-Secondary Enrollment Options)
- A sibling who is enrolled in a U.S. or international college that is not eligible for Title IV federal aid

### **Impact on Financial Aid if Enrollment form is not received by Priority Deadline**

If enrollment is not verified by the May 1, 2020, deadline it may result in:

- Your financial aid being reduced
- Your financial aid may not appear on your first billing statement
- You may be assessed finance charges by the business office if your financial aid award is not complete by the time the bill is due

### **Please return this form by May 1 to:**

Office of Financial Aid  
Concordia College  
901 8th St. S.  
Moorhead, MN 56562  
Phone: 218.299.3010  
Fax: 218.299.3025  
Email: [finaid@cord.edu](mailto:finaid@cord.edu)

### **Questions?**

Please call our Office at 218.299.3010 or email [finaid@cord.edu](mailto:finaid@cord.edu).

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

It is the policy of Concordia College to provide equal opportunity for all qualified persons in its educational programs and activities. The college is in full compliance with the laws of the United States and all applicable regulations. The college does not discriminate on the basis of race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, marital status, veteran status, public assistance status, membership or activity in a local human rights commission, or any other legally protected status. ©2019 Concordia College, Moorhead, Minnesota. 923415/1019

Please continue to the backside of this worksheet to complete this form.

Please read instructions/information on reverse side.

**Section 1: STUDENT INFORMATION – To be completed by Concordia College student selected for Verification**

Name \_\_\_\_\_ Concordia ID (9 digit) \_\_\_\_\_

**Section 2: SIBLING INFORMATION – To be completed by the sibling of Concordia College student (one form per sibling)**

Sibling's Name \_\_\_\_\_ School ID or Social Security Number \_\_\_\_\_

- I **will not** attend a post-secondary institution during the 2020-21 academic year.  
Sign and date this form; return this form to the Concordia College Financial Aid Office.
- I **will** attend a post-secondary institution during the 2020-21 academic year.  
Complete the rest of section 2; sign and date this form; forward to the financial aid office of the institution you indicate in section 2 for completion of section 3.

In order to verify information on the financial aid application for the Concordia College Student referenced in section 1, I \_\_\_\_\_ authorize the institution in which I am enrolled to release the information requested to Concordia College.

Name of Institution \_\_\_\_\_

Sibling's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: ENROLLMENT VERIFICATION – To be completed by the institution indicated in section 2**

The Concordia College student, referenced in Section 1, has indicated that he/she has a sibling, referenced in section 2, enrolled at your institution. Please complete the following information in regards to the student listed in section 2 to assist our office in the verification process for the student referenced in section 1. **Please return to the address listed at the bottom of this form.**

<p>Expected Graduation Date: _____ / _____</p> <p>Please verify the <u>last four digits of Social Security numbers</u> used on FAFSA, if student is dependent, for</p> <p>Parent 1: _____</p> <p>Parent 2: _____</p>	<p>Enrollment Type: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate/Professional/Other</p> <p>Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Less than half-time <input type="checkbox"/> Half-time <input type="checkbox"/> Not enrolled</p> <p>Degree or Certificate program: <input type="checkbox"/> Is degree or certificate seeking <input type="checkbox"/> Is NOT degree or certificate seeking.</p>
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**I certify that the above information is accurate to the best of my knowledge.**

\_\_\_\_\_  
Print Name of Certifying School Official

\_\_\_\_\_  
Signature of Certifying School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution's Name and Telephone Number

\_\_\_\_\_  
Institution's Address

ENRLV