Parental Enrollment Verification Form
2014-2015

Ohio University has received a request to consider your parent’s enrollment. For the 2014-2015 school year, all students who wish to have their parent’s enrollment in college considered as a component in their Estimated Family Contribution (EFC) are required to complete a Parental Enrollment Verification Worksheet. The purpose of the worksheet is to validate that the student’s parent(s) is currently enrolled, to determine the nature of that enrollment and to assess the cost the student’s family is incurring as a result of this enrollment. The form consists of two sections: the first to be filled out by the parent who is currently enrolled and the second to be completed by a representative of the financial aid office at the university the parent is (or will be) attending. Once the form has been completed by both parties it should be returned to our office so processing of the student’s aid can continue. Completion of the form does not guarantee that we will be able to take your situation into consideration.

Section 1: To be completed by the Parent:

Parent Name

1) During the 2014-2015 School Year what will your enrollment status be by term (full time, three-quarter time, half time, or less than half time):
   - Summer 2014 __________________
   - Fall 2014 __________________
   - Spring 2015 ________________

2) During the 2014-2015 School Year I am working toward a:
   - [ ] Bachelor’s Degree
   - [ ] Graduate/Professional Degree
   - [ ] I will not be enrolled in a degree-granting program

3) Is your cost of attendance being subsidized by your employer or other third-party? If so, how much is your reimbursement:
   - Tuition: $_______  Books: $_______  Transportation: $_______
Section 2: To be completed by a financial aid official at the institution you are attending:

The purpose of this form is to verify the enrollment status of the student indicated above. Please provide the following information and your signature to verify the student has applied to attend your institution during 2014-2015.

Name of your institution: ________________________________

During the 2014-2015 School Year, based on the student’s information above, what is your budget allowance for the following:

Tuition: $_______  Books: $_______  Transportation: $_______

Is the student receiving any “gift” aid (i.e. grants and scholarships) during the 2014-2015 school year? If so, please enter the aggregate amount of all such aid below:

Gift Aid $__________

Please sign and date here to verify that the information above is correct and that the student has applied to attend your institution during the 2014-2015 School Year.

_________________________________________  ________________________________
Financial Aid Officer’s Name                Title

_________________________________________  ________________________________
Signature                                  Date