



Student Name

Student PID (Pxxxxxxxx)

Student Signature

Date

Parent Signature (if applicable)

Date

Ohio University has received a request to consider your parent's enrollment. For the 2020-2021 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

Parent Social Security Number

- 1) During the 2020-2021 School Year what will your enrollment status be by term (full time, three-quarter time, half time, or less than half time):
- Summer 2020 _____ Fall 2020 _____
- Spring 2021 _____
- 2) During the 2020-2021 School Year I am working toward a:
- Associate's Degree
 - 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 2020-2021.

Name of your institution: _____

During the 2020-2021 School Year, based on the student's information above, what is your cost of attendance for the following:

Tuition: \$_____ Books: \$_____ Transportation: \$_____

Is the student receiving any "gift" aid (i.e. grants and scholarships) during the 2020-2021 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 2020-2021 School Year.

Financial Aid Officer's Name

Title

Signature

Date