

**PATRICK HENRY COMMUNITY COLLEGE
FINANCIAL AID OFFICE
645 PATRIOT AVE, MARTINSVILLE VA 24112**

**2018–2019 DEPENDENT
NUMBER IN COLLEGE VERIFICATION FORM**

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' household members that will be enrolled at least half-time in a college degree, diploma, or certificate program this year. You must also include the college name and their enrollment level. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information

Student's Name (Last, First, M.I.)

Student ID - *REQUIRED*

B. Number in College

List the people in your parent(s)' household that will be attending college at an eligible postsecondary institution any time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. Household members Include the following:

- Yourself
- Your parent(s), including a stepparent, even if you do not live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a 2018-2019 federal financial aid application. Include children who meet either of these descriptions, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

In the spaces below you should only provide information for household members that will be attending college at an eligible postsecondary institution during the time period describe above. NOTE: We may require additional documentation if we have reason to believe that the information provided below is inaccurate.

First Name	Last Name	Age	Relationship to You	College Name	Enrollment Level
<i>EXAMPLE: Missy</i>	<i>Jones</i>	<i>18</i>	<i>Sister</i>	<i>XYZ University</i>	<i>¾ time(9 cred/term)</i>
			<i>Self</i>		

C. Certification and Signatures

Each person signing below certifies that all the information reported on this worksheet is complete, correct, and any additional information is attached. The student and one parent **MUST** sign and date this section.

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

Student's Signature

Date

Parent Signature

Date