FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid
Verification of Enrollment
2023-2024

Friends University Student's Information:

N00

Student's Last Name   First Name   Student ID

@student.friends.edu   (   )

E-mail Address **(Friends Financial Aid will only respond to your student email)**   Phone Number

Your Student Aid Report (SAR) indicated other member(s) of your family would attend a college/university **at least half-time** for this corresponding academic year. *Please check your student email for correspondence from our office.*

Please have the other college-attending family member complete Section A of this form. After completion, please forward the form to the family member's respective Office of Financial Aid or Registrar for completion of Section B.

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SECTION A: To Be Completed By Family Member Attending College

Printed Name of Student: _____

Social Security Number: _____

PRINTED Name of Educational Institution: _____

Student's Signature: _____ Date: _____

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SECTION B: To Be Completed By Office of Financial Aid or Registrar for Student in Section A

Enrollment status any time between July 1, 2023 through June 30, 2024 (Check One):

Full-time_____   At least half-time_____   Less than half-time_____

Is student enrolled in a degree or certificate program? Yes _____   No _____

Anticipated graduation date: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Typed signatures <u>cannot</u> be accepted.

(This form may be duplicated if more than one family member is attending college.
A separate form must be completed for each family member.)

If you have any questions, please call (316) 295-5100 or (800) 794-6945, ext. 5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined $20,000, sentenced to jail or both.