MCLA

TO:_____MCLA ID# A_____

CC: Family Size/Number in College Verification

We are now in the process of reviewing your Financial Aid File for the upcoming Academic Year. However during our review, we have found that you have provided information which is conflicting. Please review the information below and provide us with the correct information. All forms must be signed to be complete. If you have any questions, you may contact our office at (413) 662-5219 or toll free at 1-800-969-6252.

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INSTRUCTIONS

1. If you are a DEPENDENT student, list the people that your parents will support between July 1, 2016 and June 30, 2017. Include yourself, your parents and your parents' other children if they will get more than half their support from your parents. Include other people if they now live with and get more than half their support from your parents and will continue to get this support from July 1, 2016 to June 30, 2017.

2. If you are INDEPENDENT, list the people that you (and your spouse) will support between July 1, 2016 and June 30, 2017 Include yourself, your spouse, your children and your spouse's children if they get more than half their support from you. Include other people if they now live with and get more than half their support from you (and your spouse) and will continue to get this support between July 1, 2016 and June 30, 2017.

3. Under "College Name" list the name of the college the family member plans to attend (first choice) if she/he will be going to college between July 1, 2016 and June 30, 2017. She/he must be enrolled at least half time (6 credit hours or 12 clock hours per week) in a degree or certificate program for at least one term. (Parents' should be excluded from the number in college). YOU ARE RESPONSIBLE FOR NOTIFYING US OF ANY CHANGE TO COLLEGE ATTENDANCE PLANS.

Please provide the following information:

FAMILY MEMBER	*AGE*	*RELATIONSHIP*	*COLLEGE NAME*
1. STUDENT (Listed above)	_____	*SELF*	*MCLA*
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

(You may add additional names on the reverse side of this form)

_____ _____ _____ _____

Student Applicant Signature Date Spouse (Independent Student) Date

_____ _____

Parent's Signature (Dependent Student Only) Date

PLEASE RETURN YOUR COMPLETED FORM TO:
MCLA, FINANCIAL AID OFFICE, 375 CHURCH STREET
NORTH ADAMS, MA 01247, TEL. (413) 662-5219 OR FAX (413) 662-5105