MCLA

Student's *Legal Name*_____ *MCLA ID# A*_____

Family Size / Number in College Verification

We are now in the process of reviewing your file for Financial Aid for the upcoming 2019-2020 academic year. However, during our review process we found that you've provided some conflicting information. 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, please contact our office at (413) 662-5219, or toll free at 1-800-969-6252.

****

INSTRUCTIONS

1. If you are a DEPENDENT student, list the people that your parents will support between July 1, 2019 and June 30, 2020. Include yourself, your parents and your parents' other children if they will get more than half of 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, 2019 and June 30, 2020.

2. If you are an INDEPENDENT student, list the people that you (and your spouse, if applicable) will support between July 1, 2019 and June 30, 2020. 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 you and get more than half their support from you and your spouse, and will continue to get this support between July 1, 2019 and June 30, 2020.

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, 2019 and June 30, 2020. 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