Verification of Number in College
2013-2014

You indicated that more than one person in your household will be attending college in 2013-2014. Please complete the following information and return it to the Office of Financial Aid as soon as possible. Your financial aid file will not be complete until this information is received.

Name: _____ Social Security Number or ID: _____

☐ **Dependent**

Fill in the information about the people whom your parents will support during the academic year July 1, 2013 to June 30, 2014 who will be attending college at least half time next year in a program. Include your parent's dependent children (if they will receive more than half of their support from your parents or if they would be required to provide parental information when applying for Federal Student Aid). Include other people only if they lived with and received more than half of their support from your parents at the time you completed your application and will continue to get this support between July 1, 2013 and June 30, 2014. **(Exclude your parents on this form.** To request that a parent be included in the number in College, you must contact Financial Aid for further instructions.**)**

☐ **Independent**

Fill in the information about the people whom you will support during the academic year July 1, 2013 through June 30, 2014 who will be attending college at least half time next year in a program. Include your spouse and your dependent children (if they will receive more than half of their support from you). Include other people only if they lived with and received more than half of their support from you (or your spouse) at the time you completed your application and will continue to get this support between July 1, 2013 and June 30, 2014.

Full name of all family members who will attend college next year (Do NOT include your parents.)	Age	Relationship to you	College attending at least half-time for at least one semester in a program (2013-2014 academic year)
(You)		SELF	Mountain Empire Community Col

_____ _____

Your Signature (Student) Date Parent's Signature (if dependent) Date

Return this form to:

Enrollment Services/Financial Aid
Mountain Empire Community College
3441 Mountain Empire Road
Big Stone Gap, VA 24219 **Phone: 276-523-7470** **Fax #: 276-523-8297**