

**Financial Aid Office  
Quinsigamond Community College  
2009-2010 Verification of Other Family Members in College**

**SECTION I:** To be completed by the Quinsigamond Community College financial aid applicant.

Name: \_\_\_\_\_ College ID: \_\_\_\_\_

Family Member in College: (Please indicate full name, Social Security Number and name of college/school.)

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Name of College/School \_\_\_\_\_

This member of my family no longer plans to attend college/school in 2009-2010.

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**SECTION II:** The above named student is a sibling/spouse/parent/child of a Quinsigamond Community College student who has applied for financial assistance. Thank you in advance for your assistance. Contact the Financial Aid Office at (508) 854-4261 with any questions. Return the completed form to:

**Quinsigamond Community College  
Financial Aid Office  
670 West Boylston Street  
Worcester, MA. 01606**

College/School: \_\_\_\_\_

For the 2009-2010 academic year, the student's **ANTICIPATED** enrollment is:

**Summer II 2009:**  Full Time  3/4 Time  Half Time  Less Than Half Time

**Fall 2009:**  Full Time  3/4 Time  Half Time  Less Than Half Time

**Spring 2010:**  Full Time  3/4 Time  Half Time  Less Than Half Time

**Summer I 2010:**  Full Time  3/4 Time  Half Time  Less Than Half Time

Our records do not currently indicate that the above named student will be enrolled for 2009-2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title of School Official: \_\_\_\_\_

School Seal:

**Financial Aid Office**  
**Quinsigamond Community College**  
**2009-2010 Verification of Other Family Members in College**

On your 2009-2010 Free Application for Federal Student Aid (FAFSA) you indicated another family member(s) is or will be enrolled in a post-secondary institution (i.e. college, Jr. College, etc.) for 2009-2010. We must confirm the enrollment status of this individual(s).

Please make copies of the enclosed form for each family member(s) in college. Only one family member should be listed on a form. Complete Section I only on the other side of this form for every member of your family who plans to attend college/school at least half-time in 2009-2010. Forward the form to the Registrar's Office at the college/school that your family member(s) plans to attend. The Registrar's Office will complete Section II of the form. The form must have the Registrar's Office signature and official school seal on the form to be valid. The Registrar's Office will return the completed form directly to Quinsigamond Community College.

If a family member has changed their enrollment plans since the original FAFSA was filed and will not attend college/school, please check off the appropriate box on the enclosed form and return it directly to our Financial Aid Office.

Please contact the Financial Aid Office at (508) 854-4261 or via email at [financialaid@qcc.mass.edu](mailto:financialaid@qcc.mass.edu) with any questions. Office hours are Monday-Friday, 8 a.m. – 5 p.m.

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670 West Boylston St. Worcester, MA 01606  
◆ Office hours M-F, 8:00 a.m. - 5:00 p.m. ◆  
(508) 854-4261  
Fax: (508) 854-7432  
[financialaid@qcc.mass.edu](mailto:financialaid@qcc.mass.edu)