

Financial Aid Office
Quinsigamond Community College
2010-2011 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 2010-2011.

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 2010-2011 academic year, the student's **ANTICIPATED** enrollment is:

Summer II 2010: Full Time 3/4 Time Half Time Less Than Half Time

Fall 2010: Full Time 3/4 Time Half Time Less Than Half Time

Spring 2011: Full Time 3/4 Time Half Time Less Than Half Time

Summer I 2011: 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 2010-2011.

Signature: _____ Date: _____

Name/Title of School Official: _____

School Seal:

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On your 2010-2011 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 2010-2011. 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 2010-2011. 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 with any questions. Office hours are Monday-Friday, 8 a.m. – 5 p.m.

Financial Aid Office
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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