

GOUCHER COLLEGE

Financial Aid Office

Mailing Address:

Office of Student Financial Aid
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204

Student Administrative Services:

2nd Floor Dorsey College Center
Monday-Friday
8:45 AM- 5:00 PM

Phone: 410-337-6141

Fax: 410-337-6504

E-mail: finaid@goucher.edu

URL: www.goucher.edu

2009-2010 Verification of Number of Family Members in College

Student's Name	Social Security #

We have completed the initial review of your Free Application for Federal Student Aid (FAFSA.) You indicated on your application that you have additional family members that will attend college at least half-time during the **2009-2010** academic year. Please complete this form and return it to our office as soon as possible so that we may update your file and continue processing your aid. The information you provide may be verified with the institutions you indicate below. Any incorrect information given may cause your aid to be reduced or cancelled.

Complete the information below listing any siblings and/or spouse of the student identified above who are classified as "degree seeking" and who are enrolled at least **half-time** for at least **one semester** during the **2009-2010** school year. **Please note that parents of Goucher College students may no longer be counted for the purposes of completing this form.**

- **Please indicate the actual number of credits that the sibling or spouse will be registered for each semester. We will not accept this form if you have simply written, "full-time" or "part-time."**

Relationship Codes:

- 1 Sibling of Goucher student who receives over 50% of financial support from parents of a Goucher student**
- 2 Spouse of Goucher student.**
- 3 Other, please explain: _____**

Name	Social Security Number	Relation-ship Code	Age	Number of Credits				Name of School
				Summer 2009	Fall 2009	Winter 2010	Spring 2010	

I certify that all the information as provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to submit further evidence of the information of the information I have provided on this form. I also understand that if I fail to provide requested information and/or documentation, my aid may be reduced or cancelled.

Student's Signature: _____ Date: _____