



Our records show that your financial aid eligibility was based on more than one family member attending a post-secondary school during the 2010-11 academic year. Consequently, you are required to verify enrollment of each family member attending a post-secondary school on at least a half-time basis during Fall 2010.

Please use the form on the back of this letter to obtain enrollment verification for your family member(s). Be sure to read it carefully before completing it.

Section 1 is to be completed by you.

Section 2 is to be completed by your family member(s) attending another postsecondary school. **PLEASE DO NOT INCLUDE YOUR PARENTS.**

Section 3 is to be completed and returned by the Registrar's Office at the institution your family member(s) is attending.

To simplify the process for sibling(s) attending SUA: complete Sections 1 and 2, including the student I.D. number and submit the form to the SUA Office of Financial Aid. All siblings attending SUA need to complete the form.

Please note that you can also meet the enrollment verification requirement by completing Sections 1 and 2 of the form and attaching one of the following documents:

1) A copy of your family member's fall term registration card. The registration card must clearly show the student's name, enrollment in at least six (6) units, 2010 Fall term, the payment of fees, the name of school and class level.

OR

2) Your family member's official academic transcript indicating current (example: Fall 2010) term in progress.

INCOMPLETE FORMS **WILL** BE RETURNED TO YOU.

FAILURE TO SUBMIT THE REQUIRED VERIFICATION OF ENROLLMENT BY **FRIDAY, SEPTEMBER 3, 2010** WILL RESULT IN THE FOLLOWING:

- 1). Cancellation of Spring term awards,
- 2). Recalculation of financial aid eligibility,
- 3). Retroactive billing of Fall term disbursements.

IT IS YOUR RESPONSIBILITY TO ENSURE OUR OFFICE HAS RECEIVED THE DOCUMENTS BY SEPTEMBER 3, 2010.

If you have any questions about this procedure or this form, we encourage you to contact our office as soon as possible by calling (949) 480-4048 or (949) 480-4042. You can also e-mail us at financialaid@soka.edu.

Verification of Enrollment of Other Family Members in College

This form is required to verify enrollment of all family members in college. A separate form must be completed for each member of your family that is attending college at least half time during the 2010-2011 academic year. You must ensure this document is received at SUA – Office of Financial Aid by Friday, September 3, 2010 verifying enrollment for Fall 2010.

Please complete the form as follows:

- Part 1 – To be completed by the student who has applied for financial aid at SUA.
- Part 2 – To be completed by your family member before submitting the form to the institution that he/she is attending *****DO NOT INCLUDE YOUR PARENTS*****
- Part 3 – To be completed and returned by the Registrar's Office verifying your family member's enrollment.

SECTION 1

(To be completed by the SUA student)

Name _____

Student I.D. number _____ Social Security Number or Passport Number _____

Student Signature _____ Date _____

SECTION 2

(To be completed by the family member attending another postsecondary school, including SUA)

I _____ authorize _____
Name – (Please Print) (College Name)

to release information about my enrollment status to Soka University of America, Aliso Viejo.

Social Security Number _____ Student I.D. Number _____

Relationship to SUA Student _____ Date of Birth _____

Signature _____ Date _____

SECTION 3

(To be completed by the Registrar's Office of the postsecondary school your family member attends, then returned to Soka University of America)

In order to verify the number of family members attending college at least half time, the SUA Financial Aid Office requires the following information:

1. Is the student listed in Part 2 enrolled at least half time as defined by your institution? [] Yes [] No

2. Student's 2010-2011 period of enrollment is: [] FALL 2010 [] SPRING 2011

3. Enrollment status: [] Undergraduate [] Graduate [] Professional [] Other _____

Please return this form to the SUA Office of Financial Aid by **Friday, September 3, 2010**. Forms can be sent by mail, to the address listed below, or faxed to our office at (949) 480-4151. If you have any questions, feel free to contact us via telephone at either (949) 480-4042 or (949) 480-4048, or e-mail us at financialaid@soka.edu.

Return to:

Soka University of America
Office of Financial Aid
Founders Hall, Room 215
1 University Drive
Aliso Viejo, CA 92656

I verify that, to the best of my knowledge, the information above is true and correct.
(To be completed by official at sibling(s) institution)

Name of Institution: _____

Address: _____

Name: _____

Title: _____

Signature: _____

Date: _____ Phone Number: _____