

**NORTHERN MAINE COMMUNITY COLLEGE
FINANCIAL AID OFFICE**

COLLEGE ENROLLMENT VERIFICATION FORM FOR FAMILY MEMBER IN COLLEGE

NMCC Student's Name _____

Student ID # _____

Please complete the information below about other family member(s) who will be attending college.

Name _____ Soc. Sec. No. _____

Name of College **second** family member attending _____

Year attending _____

Relationship:

Parent Spouse Sibling (Age____) Daughter (Age____) Son (Age____)

Dependency Status: *Dependent* *Independent*

Enrollment Status *Full Time* *Half Time* *Less Than Half Time*

Name _____ Soc. Sec. No. _____

Name of College **third** family member attending _____

Year attending _____

Relationship:

Parent Spouse Sibling (Age____) Daughter (Age____) Son (Age____)

Dependency Status: *Dependent* *Independent*

Enrollment Status: *Full Time* *Half Time* *Less Than Half Time*

**Please return completed form to:
Northern Maine Community College
Financial Aid Office
33 Edgemont Drive
Presque Isle ME 04769**

**207 768-2790
207 768 2707**