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Student ID # **Last Name** **First Name**

2018-2019 NUMBER IN COLLEGE FORM
FOR DEPENDENT STUDENT

Because of discrepant information in your file, please complete the following statement.

- How many people in your parents' household will be college students between July1, 2018 and June 30, 2019?
- Always count yourself as a college student. **Do not include your parents.** You may include others only if they will attend, at least half-time in 2018-2019, and enroll in a program that leads to a college degree or certificate.

Failure to complete this form will cause a delay in the processing of your aid.

Name	*Age*	*Relationship to Student*	*Enrolled at least half time? If yes, where?*
		SELF	***Eastern Illinois University***

TOTAL IN COLLEGE _____

_____Date:_____

PARENT'S SIGNATURE:

_____Date_____

STUDENT'S SIGNATURE:

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaidverification@eiu.edu