



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083
Phone 908-737-3190

2023-2024 Verification of Sibling/Spouse/Child In College Form

Kean Student Name: _____ Kean ID #: _____

You indicated on your FAFSA and/or Verification Worksheet that another member(s) of your or your parent’s household (excluding your parents) will be enrolled in college at least halftime for the 2023–2024 Academic Year. The family member attending college and the school that s/he will attend this year must complete the respective sections below. The school must then forward this form to the Kean University Office of Financial Aid. Your file will remain incomplete until we receive this form for each family member attending college.

Family Member in College

Family Member’s Name: _____

Relationship to Kean Student: _____

Name of Institution Attending: _____ Student ID #: _____

Term(s) attending: _____ Fall 2023 _____ Spring 2024 _____ Summer 2024

I authorize the above-referenced institution to disclose my current or expected enrollment status for the 2023-2024 school year to Kean University.

Signature: _____ Date: _____

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School Certification (to be completed by Financial Aid, Registrar, or other School Official)

This is to certify that the above-listed student is or will be enrolled at our institution for the term(s) and status(es) indicated below:

___ Fall 2023: ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T
 ___ Spring 2024: ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T
 ___ Summer 2024 (Trailer Period for 2023-2024):
 ___ Fulltime ___ Three-Quarter Time ___ Halftime ___ Less than H/T

School Official’s Name (print): _____ Title: _____

School Official’s Signature: _____ Date: _____

Name of Institution: _____ OPE ID: _____

Address: _____

Telephone: _____ Email: _____