

2016-17 College Enrollment Verification Form

Last Name First Name N	ЛІ	Student ID
------------------------	----	------------

College Enrollment Verification

If you are a **<u>Dependent student</u>** on the FAFSA, please list any members of your parent's household who are or will be enrolled at least half-time in an eligible post-secondary (college) institution from July 1,2016 through June30, 2017.

Please do not list your parents in college or any family members in elementary, middle or high school levels.

If you are an <u>Independent student</u> on your FAFSA, please list any members of your household who are or will be enrolled at least half-time in an eligible post-secondary (college) institution from July 1, 2016 through June 30, 2017. Please do not list family members in elementary, middle or high school levels.

**For additional definition on whether you are Dependent or an Independent student for financial aid purposes, please visit our consumer guide on our website at <u>www.paloverdecollege.edu</u> and review the chapter on "Dependent or Independent"

Full Name	Age	Relationship to Student	Full College Name (Do not abbreviate)
		Self	Palo Verde College

Important Notes:

- Do not make corrections to your FAFSA or Admissions Application after turning in this form
- Your financial assistance eligibility will not be determined until all forms listed under "required documents by year" in Web Advisor are received (or waived) and reviewed for accuracy.
- Per Federal regulations, you may not receive grants or loans at two separate institutions.

By signing this worksheet, I/we certify that all the information reported on it is complete and correct.

Student Signature	Date	Parent Sign	nature Date			
Warning: If you purposely give false or	misleading information on this fo	m, you may be fined, be sentenced to jail, or both.				
All applications for financial assistance programs(i.e., student loans, wor	k compensations, grants, scholarship, spe	ial funds, subsidies, prizes, etc.), will be considered by the Palo Ve	erde Community College District without regard to ethnic group	identification,		
national origin, religion, age, gender, gender identity, gender expression						
characteristic that is contained in the prohibition of hate crimes set forth in subdivision (1) of section 442.6 of the California Penal Code, or any other status protected by law. Alternate formats for this material are available to individuals requiring disability						
accommodation. Please contact the office of Diversity, Equity and Comp						
Todas las solicitudes para programas de asistencia financiera (por ejemp						
independientemente de identificacion etnica, origen nacional, religion,						
listados o definidos en la Seccion 11135 del Codigo de Gobierno o cualq				er otra		
condicion pretegida por la ley. Fromatos alternos para este material esta	an disponibles para personas que requiere	i alojamiento de discapacidad. Por favor comuniquese con la ofici	ina de Diversidad, Equidad y Respeto al (951) 222-8039			