QUINCY UNIVERSITY
OFFICE OF FINANCIAL AID

1800 College Avenue ♦ Quincy, Illinois 62301-2699
Telephone: 217-228-5260 ♦ Fax: 217-228-5635

2016-2017 Verification of Parent(s) Enrollment

Please print.

Student's Name: _____ Social Security # _____
Last First

Federal regulations prohibit automatic inclusion of parents in the number in college on the FAFSA (Free Application for Federal Student Aid). Your son/daughter has submitted an appeal for consideration of professional judgment regarding your family's status. In order to consider this appeal, the following form must be **fully** completed for the applicable parent(s). Please call our office if you have any questions.

Mother

Will you attend college at least half time (6 credit hours or more) for at least one term during the 2016-2017 academic year?

❑ Yes ❑ No

If yes, please list the institution:

_____

Are you enrolled in a degree or certificate program that leads to a recognized educational credential? (e.g., B.A., B.S., A.A., M.S., etc.). Check with your college admissions office if you are unsure of your admission status.

❑ Yes ❑ No

Is this institution on a semester or quarter system?

❑ Semester ❑ Quarter

List below the number of credit hours and tuition charged for each term.

Terms	Credit Hours	Tuition Charged
Fall	_____	$ _____ per term
Winter	_____	$ _____ per term
Spring	_____	$ _____ per term

Will your employer provide any tuition assistance?

❑ Yes ❑ No

If yes, how much assistance will you receive per term?

$ _____ per term

PLEASE ATTACH A COPY OF YOUR SCHOOL BILL AND FINANCIAL AID AWARD LETTER.

I certify that this information is correct.

_____
Mother's (Stepmother's) Signature Date

Father

Will you attend college at least half time (6 credit hours or more) for at least one term during the 2016-2017 academic year?

❑ Yes ❑ No

If yes, please list the institution:

_____

Are you enrolled in a degree or certificate program that leads to a recognized educational credential? (e.g., B.A., B.S., A.A., M.S., etc.). Check with your college admissions office if you are unsure of your admission status.

❑ Yes ❑ No

Is this institution on a semester or quarter system?

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❑ Yes ❑ No

If yes, how much assistance will you receive per term?

$ _____ per term

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I certify that this information is correct.

_____
Father's (Stepfather's) Signature Date