

**PURPOSE**

The Family Member Enrollment Form verifies enrollment of dependent family members, excluding parents, who may be counted as college students if they are enrolling for at least half-time in at least one academic term. The family member must be working towards a degree or a qualifying program at a college that participates in any of the federal student aid programs.

**BASIC INFORMATION**

Student Name

Biola ID#

**TO BE COMPLETED BY ENROLLED FAMILY MEMBER**

Family Member's Name

Complete Name of College you (enrolled family member of Biola student) will attend (e.g. "Cal State Fullerton", not "CSUF")

Degree or Certificate you are pursuing

**List the Courses**

Name of Class Course (e.g. Biology 101)	Number of Units (e.g. 3 units)	Term Attending (e.g. Fall 2008)
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.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please check **ONE**:

- I certify that the classes listed above will go towards my degree.
- I have no plans to attend college this year.

**SIGNATURES**

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I/We verify that the information on this form is true and complete.

Enrolled Family Member's Signature (Required) Date

Biola Student's Signature (Required of all applicants) Date