



Student Financial Services  
 University of Pennsylvania  
 005 Franklin Building  
 3451 Walnut Street  
 Philadelphia, PA 19104-6270  
<https://sfs.upenn.edu/>  
 Fax: (215) 573-5428

# Undergraduate College Verification Form

## 2020-2021

If blank, PENN student should complete this section.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Penn ID Number \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_ School (college, etc.) \_\_\_\_\_ Graduation Date \_\_\_\_\_

We note from your financial aid application that another member of your family, \_\_\_\_\_ plans to attend an undergraduate college or graduate/professional school in 2020-2021. *Before we can review your application and make an allowance for these costs, we will need the following information.* Please return this completed form **immediately** in the enclosed envelope or fax it to the number in the upper left corner.

- Name of college to be attended: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_
- Check one:  full-time  half-time  less than half-time
- Check one:  lives at home with parents  lives on or off campus
- Check one:  undergraduate  graduate
- Check one:  dependent  independent
- Program/course of study \_\_\_\_\_
- Year in program during 2020-2021:  1st  2nd  3rd  4th  5th or more
- Date of expected degree: month \_\_\_\_\_ year \_\_\_\_\_
- Did he/she attend this institution during the 2019-2020 academic year?  yes  no

10.	<b><u>ESTIMATED 2020-2021 ACADEMIC YEAR COSTS</u></b>		<b><u>FINANCIAL ASSISTANCE AWARDED</u></b>	
	Tuition and Fees	\$ _____	Scholarship or Fellowship	\$ _____
	Room and Board	\$ _____	Grants	\$ _____
	Books	\$ _____	Loans	\$ _____
	Misc.	\$ _____	Tuition Reimbursement	\$ _____
			from parent's/ spouses's employer	\$ _____

Amount which parents plan to contribute to these costs: \$ \_\_\_\_\_

**Our signature on this form is verification that all information herein is true, and that we will report to Student Financial Services any change in the actual enrollment and/or financial assistance awarded.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Student Financial Services will also send you a Certification of Sibling Enrollment Form to submit to the school listed above.

FOR OFFICE USE ONLY AID YEAR 2020B UNDERGRAD	CVF	Received:	Processed	
	60	_____	_____	_____
	TU	DATE	DATE	INITIALS