## Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711 Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

## 2024-25 Verification of Family Enrollment

Your financial aid application indicated that more than one student in your household is or will be enrolled in college/university. Only individuals included in your household (excluding parents) and who are or will be enrolled at least half time in a program leading to a degree/diploma/certificate during the 2024-25 academic year may be includewiihhthle\warphi\text{\text{time}}\text{\te

Please have an RIILFLDO IURP WKH )LQDQFLDO \$LG 211XLUFH DRPUL OW KIPHH 5PHEJHLUM WULDQUM WALWAY BLRRQI enrollment cannot

be verified or if the family member is not enrolled at least half-time.

Pomona College Student Info	ormation:	
First Name	Last Name	Student ID
Family Member Information:		
First Name	Last Name	Student ID
By signing below, I grant my	postsecondary institution permission to release this inf	formation:
Signature of Family Member		Date
Postsecondary Institution In	formation: ted by an official at the family PHPEHpb¶tsecondary	institution
This section must be comple	ted by an official at the family 1 111 E 11 positioned	monduon.
Name of Institution		Title IV School Code
Period(s) of Enrollme	ent (any time during 07/01/2024 to 06/30/202506/30/202	