PALM BEACH STATE COLLEGE

DEPENDENT ENROLLMENT FORM

Please provide your information as a Palm Beach State student:

Name: _____ PBSC ID _____

Academic Year confirmation of DEPENDENT enrollment (must match FAFSA year): 2012-13 _____ 2013-14 _____ 2014-15 _____

Please have your DEPENDENT provide his/her student information below:

Name: _____ Student ID: _____

I authorize the below institution to release all information requested by Palm Beach State College.

Dependent Signature _____ Date _____

The information below must be completed by an administrative professional in the financial aid office of the institution attended by the Dependent named above.

College/University _____

Address _____ State _____ Zip _____

1. Will this **Dependent** be enrolled AND matriculated in a Title IV eligible degree or certificate program of study in the above academic year? YES ☐ NO ☐
2. Will this **Dependent** be enrolled AT LEAST HALF TIME? YES ☐ NO ☐
3. Amount of financial aid received for term indicated $ _____
4. Student's status for federal aid: **Independent** _____ **Dependent** _____

_____ _____
Financial Aid Administrator Name Date

_____ _____
Title Phone #

SIGNATURE_____