



Division of Student Financial Assistance
 SSB 251, CPO 59
 521 Lancaster Ave.
 Richmond, KY 40475-3159

Phone: 859-622-2361
 Fax: 859-622-2019
 E-Mail: finaid@eku.edu

**NUMBER IN COLLEGE STATEMENT
 2008-2009**

Student's Name:	EKU ID	Last 4 digits of SSN

As you know, your financial aid information was selected for verification. The review of your application indicates that there is a discrepancy in the number you reported to be enrolled in college for the 2008-2009 Academic Year. The correct information is needed to continue processing your application. Please write the name of the college for any household member, **excluding your parent(s)**, who will be attending college at least half-time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree, diploma, or certificate program. Return this form to the Division of Student Financial Assistance. Please contact this office if you have any questions.

Full Name	College Attending in 2008-2009	No. of Hours Enrolled	Semester Enrolled
self/student	EKU		

 Student Signature

 Date

 Parent's Signature (Required if parent information was required
 on FAFSA)

 Date

