



Division of Student Financial Assistance
 SSB 251, CPO 59
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 Richmond, KY 40475-3159

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**NUMBER IN COLLEGE STATEMENT
 2009-2010**

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 2009-2010 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, 2009 and June 30, 2010, 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 2009-2010	No. of Hours Enrolled	Semester Enrolled
self/student	EKU		

 Student Signature

 Date

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

 Date

