| | |
|---|---|
| CMC Student's Full Name: | |
| CMC Student ID# | |

# 2016-2017 Elementary/Secondary Enrollment Form

The Claremont McKenna College Office of Financial Aid may consider private school tuition paid for the elementary or secondary schooling of the CMC student's sibling paid by the custodial parent in 2015. Consideration is only given to tuition payments made in **the 2015 calendar year (January 1, 2015 through December 31, 2015)** for which income is being evaluated. **Verification** of the private elementary or secondary school tuition paid on behalf of the applicant's sibling(s) is required. **Please note that the 2015 calendar year verification will likely cross over two academic year of tuition payments.**

**This form must be accompanied by verification of tuition paid.** Acceptable documentation for verification would be copies of payment receipt(s), copies of cancelled checks, or a statement from the school itself. List payments made in 2015 for the CMC student's sibling and attach documentation. Each sibling will need to have a completed form. **Please return the form by fax to 909-607-0661, or email attachment in PDF format to finaid@cmc.edu or USPS mailing using the contact information listed above**:

_____ _____ _____

*Sibling Name* *School Name* *Year in School*

| Date Paid in 2015 | Amount Paid in 2015 |
|---|---|
| January | $ |
| February | $ |
| March | $ |
| April | $ |
| May | $ |
| June | $ |
| July | $ |
| August | $ |
| September | $ |
| October | $ |
| November | $ |
| December | $ |
| **Total Paid in 2015** | $ |

_____ _____

*Parent Signature* *Date*

**Parent Relationship to Student:** ☐ Parent ☐ Stepparent

***Return to:*** ***Fax:*** *(909) 607-0661* ***Email:*** *finaid@cmc.edu* ***Phone:*** *(909) 621-8356*
*Office of Financial Aid, Claremont McKenna College, 888 Columbia Avenue, Claremont, CA 91711*