



FINANCIAL AID OFFICE

**PROOF OF SPOUSE ATTENDING COLLEGE**

Doane College may make adjustments to a student's financial aid eligibility if a spouse attends a post-secondary institution. In order for an adjustment to be considered a spouse must attend a degree or certificate program

In order to be considered for an adjustment, the Doane College Financial Aid Office requires proof of the spouse's enrollment in a degree or certificate program

The Doane student should complete the lower portion of this side. The spouse of the Doane Student and the spouse's school must complete the reverse side. The completed form must be returned to the Doane College Financial Aid Office.

If additional forms are needed for future terms contact the Doane College Financial Aid Office at 402-466-4774.

**SECTION A: To be completed by the Doane College student.**

To Whom It May Concern:

I am a student at Doane College. I must submit proof that my spouse is enrolled and working toward a degree or certificate during the 2007-08 school year and the amount of tuition paid by my spouse.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

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**SECTION B: To be completed by the spouse of a Doane College Student.**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I authorize the release of my information to Doane College, Lincoln NE for use in my spouse's financial aid application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: To be completed by school official.**

I certify the above named person is enrolled or accepted for enrollment in a degree or certificate during the 2007-08 school year at:

Name of School: \_\_\_\_\_

College Address: \_\_\_\_\_

City & State: \_\_\_\_\_

School Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please certify and mail the following information to the address at right.

1014 Boswell Avenue  
Crete, NE 68333-2430  
Phone: (402) 826-8260  
Toll-Free: 1-800-333-6263  
Fax: (402) 826-8600  
Website: [www.doane.edu](http://www.doane.edu)