



Return to:
 Office of Financial Aid
 301 Platt Boulevard
 Claremont, CA 91711
 Office: (909) 621-8055
 Fax: (909) 607-7046
 financial_aid@hmc.edu

Name of Student Financial Aid Applicant (please print):

Last

First

Middle

Social Security Number: _____ - _____ - _____

**VERIFICATION OF PRIVATE ELEMENTARY/SECONDARY
 TUITION PAID IN 2007**

The Harvey Mudd College Office of Financial Aid may consider private school tuition paid for the elementary or secondary schooling of the HMC applicant's sibling(s) paid by the parent. Consideration is only given to educational payments made in the year for which income is being evaluated and we require verification of the private elementary or secondary school tuition paid on behalf of the applicant's sibling(s) in **the 2007 calendar year (January 1, 2007 through December 31, 2007)**. Please note that the 2007 calendar year verification will likely cross over two academic years of tuition payments.

This form must be accompanied by verification of tuition paid. Acceptable documentation for verification would be payment receipt(s), cancelled checks, or a statement from the school itself. For your convenience, please list payments made in 2007 for the HMC applicant's sibling(s) below and attach documentation:

SIBLING NAME	SCHOOL NAME	YEAR IN SCHOOL	DATE PAID	AMOUNT PAID
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL PAID IN 2007:				\$ _____

SIGNATURES:

Father _____

Date _____

Mother _____

Date _____