

2017-2018 Verification of Sibling Enrollment

Washington University Student Name: _____ ID Number: _____

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate seeking program during the 2017-2018 academic year. Please have your sibling(s) complete section A of this form and then have section B completed by his/her financial aid office. Failure to return this completed form to the Washington University Student Financial Services office by October 2, 2017 could result in an adjustment to your 2017-2018 Washington University Scholarship award. If your sibling also attends Washington University in St. Louis, please complete section A and return form to Student Financial Services.

Note: A separate form must be completed for each sibling enrolled in college.

A. To Be Completed By Sibling:

Sibling Name: _____ Sibling ID Number: _____

Sibling College or University: _____

In order to verify information on my sibling's Washington University financial assistance application, I authorize the institution in which I am enrolled to release the information requested to Washington University in St. Louis.

Sibling Signature: _____ Date: _____

B. To Be Completed By The Financial Aid Officer or Registrar at Sibling's College or University:

2017-2018 Enrollment Information:

Status: () Full-Time () Half-Time () Less Than Half Time () Not Enrolled

Level: () Undergraduate () Graduate/Professional

Is the student enrolled in a degree or certificate seeking program? () Yes () No

Is your college or university eligible to participate in the U.S. Federal Student Aid programs? () Yes () No

Expected date of graduation (month/year): ____/____

I certify this information is accurate to the best of my knowledge

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Email Address: _____ Phone : _____

Please return this worksheet to Washington University Student Financial Services.