2019-2020 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 2019-2020 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 1, 2019 could result in an adjustment to your 2019-2020 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:

2019-2020 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: ___________________________