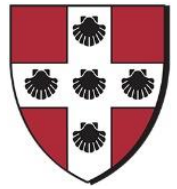


# 2020-21 Verification of Sibling Enrollment



Your 2020-21 financial aid application indicates that one or more of your siblings are attending college/university. Please complete Step 1 and forward it to your sibling to complete and sign Step 2 and submit it to their Financial Aid Office. **If you have more than one sibling attending college/university, a separate form will be required for each.**

If our office has not received confirmation of your sibling's enrollment status, or your sibling's enrollment status has changed from the information reported on your CSS Profile, your financial aid award may be adjusted to reflect fewer family members attending college, which may result in a reduction to your aid. **The due date of submission to Wesleyan is October 1<sup>st</sup>.**

## Step 1: To be completed by the Wesleyan University student.

Student Name: \_\_\_\_\_ Wes ID: \_\_\_\_\_

## Step 2: To be completed by the Wesleyan University student's sibling.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

If the sibling is not attending a post-secondary institution during the 2020-21 academic year, please check the box and return this form directly to the Wesleyan Financial Aid Office.

*I hereby authorize the college or university in which I am currently enrolled to release the information requested below to Wesleyan University in order to verify my sibling's financial aid application.*

Sibling's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 3: Must be completed by an administrator at the sibling institution's Financial Aid Office.

Name of Institution: \_\_\_\_\_ Federal School Code: \_\_\_\_\_

Expected graduation date (month/year): \_\_\_\_\_ / \_\_\_\_\_ Cost of Attendance: \$ \_\_\_\_\_

- 2020-21 Enrollment Status:
- |  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Full Time      | <input type="checkbox"/> Full Year   | <input type="checkbox"/> Dependent   |
| <input type="checkbox"/> Graduate      | <input type="checkbox"/> Half Time      | <input type="checkbox"/> Half Year   | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Less than Half | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
|  | <input type="checkbox"/> Other _____    |                                      |                                      |

*I certify that the information above is accurate to the best of my knowledge.*

\_\_\_\_\_  
Name and Title Email

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

*This form must be directly remitted to our office by the college/university.*