



Financial Aid Office  
600 South 43<sup>rd</sup> Street  
Philadelphia, PA 19104  
Office: (215) 596-8894  
Fax: (215) 596-8554  
Email: [finaid@usciences.edu](mailto:finaid@usciences.edu)

## Sibling Enrollment Verification Form 2017-2018

### Section I

(To be completed by USciences student and his/her sibling)

USciences Student: \_\_\_\_\_ USciences Student I.D. #: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Sibling's Date of Birth: \_\_\_\_\_

I authorize \_\_\_\_\_ to release the information in Section II of  
(Name of Sibling's College/University)  
this form to University of the Sciences.

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

### Section II

(To be completed by a financial aid administrator at sibling's college for academic year 2017/2018)

Full Time       Half-Time       Less Than Half-Time       Not Enrolled

Undergraduate       Graduate      Anticipated Graduation Date: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Financial Aid Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Financial Aid Administrator

\_\_\_\_\_  
Title of Administrator

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**For Office Use Only**

Reviewed by: \_\_\_\_\_

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