



Financial Aid Office
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 Philadelphia, PA 19104
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 Email: financialaid@uscience.edu

Sibling Enrollment Verification Form 2019-2020

UPLOAD FORMS TO: uscience.sharefile.com/filedrop

Section I

To be completed by USciences student:

USciences Student: _____ USciences Student ID #: _____

USciences student: Please give this form to your sibling who attends another college to complete Section II.

Section II

To be completed by Sibling of USciences student:

Sibling's Name: _____ Sibling's ID # at college: _____

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

Sibling's Signature: _____ Date: _____

Sibling of USciences student: submit this signed form to the Financial Aid administrator at your college to complete Section III.

Section III

To be completed by Financial Aid Administrator at Sibling's College/Institution:

#1. **Enrollment:** (check one) Full Time Half-Time Less Than Half-Time Not Enrolled

#2 **Program:** (check one) 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

FA Administrator: please complete this form and return to USciences via email, fax or mail.

 Email Phone

For Office Use Only
 Reviewed by: _____
 Date: _____