Sibling Enrollment Verification Form 2021-2022

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

Update 10/2020

Reviewed by: ____________
Date: ____________