OFFICE OF FINANCIAL AID

VERIFICATION OF SIBLING’S COLLEGE ENROLLMENT

Your 2015-2016 Financial Aid Application indicates that you have a sibling or siblings attending college at least half-time for the 2015-2016 academic year. Please have your sibling(s) complete Section I of this form and take it to his/her Financial Aid Office for completion of Section II including an official signature. Your sibling’s Financial Aid Office should return the form directly to the Davidson College Office of Financial Aid. Failure to return this completed form by OCTOBER 15, 2015 could result in an adjustment to your 2015-2016 financial aid award.

NOTE: Please complete a separate form for each sibling enrolled in college. If your sibling attends Davidson College please fill in the name, check here □ and return this form to Office of Financial Aid.

******************************************************************************************

SECTION I:

TO BE COMPLETED BY DAVIDSON COLLEGE STUDENT AND THEIR SIBLING:

STUDENT NAME: ___________________________________ STUDENT ID #: __________________________

(Davidson College Student)

Sibling Name: ___________________________________ Sibling Student ID #: __________________________

In order to verify information on my sibling’s Davidson College financial aid application, I authorize __________________________ to release the information requested below to Davidson College.

(Name of Sibling’s College)

Sibling’s Signature: ___________________________________ Date: __________________________

******************************************************************************************

SECTION II:

TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT SIBLING’S INSTITUTION:

Expected date of graduation: _______/__________ (MONTH/YEAR)

Current Enrollment Status: □Full time □Half time □Less than ½ time □Not currently enrolled

Level of Study: □Undergraduate □Graduate/Professional

Program of Study: □Degree-granting program □Certificate program □Other

Financial Aid Dependency Status: □Dependent □Independent □Not an aid applicant

Cost of attendance for the 2015-16 academic year: $___________________

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

Financial Aid Officer: ___________________________________ Title: __________________________

Signature: ___________________________________ Date: _________ Phone number: _________________

PLEASE RETURN THIS FORM TO:
Davidson College, Office of Financial Aid, Box 7157, Davidson, NC 28035-7157 (FAX: 704/894-2845)