College Enrollment Verification 2017-18

This form must be completed for each sibling reported to be in college on the FAFSA or CSS Profile. In order for a sibling to be considered “in college” for the purposes of financial aid, they must be enrolled at least half-time in a degree or certificate program. In addition, siblings must be considered dependent on the family for financial support. Please notify our office immediately of any changes to the educational plans of siblings who were initially reported as “in college” as adjustments to financial aid eligibility may be necessary.

Please complete the information below pertaining to the Vanderbilt University student and sibling who will be enrolled. Have the financial aid office at the sibling’s institution complete the certification section and return the form to our office.

Vanderbilt Student’s Last Name                              First Name        M.I.             VU Commodore ID

Sibling’s Name                            Sibling’s Student ID          Sibling’s Date of Birth      College attending 17/18

I am a sibling of the Vanderbilt University student listed. I authorize a financial aid administrator of the above-named institution to release the information requested below to Vanderbilt University.

Sibling’s Signature:                                                                                                    Date:

____________________________________________________________________________________

School Certification Section of 2017-2018 Academic Year Enrollment
This section is to be completed by the Financial Aid Office at the Sibling’s Institution.

Degree Level:  Undergraduate  Graduate Student

Aid Applicant Status:   Independent  Dependent  Not an Aid Applicant

Program:  Degree   Certificate  Non-degree

Enrollment Status: Full-time  Half-time  Less than half-time

Anticipated Graduation Date

Total Cost of Attendance/Budget for Aid Year $ 

Total Family Contribution:  FM or IM $ 

Total Amount of Grants and Scholarships Awarded for Aid Year $ 

Name and Title of Financial Aid Officer (Printed)  Phone Number

Signature of Financial Aid Officer                      Date Signed

PLEASE RETURN THIS FORM TO THE OFFICE OF STUDENT FINANCIAL AID