

**Sibling College Enrollment Verification 2024-2025**

**Vanderbilt Student's Name:**

**Commodore ID # 000**

You reported on the FAFSA or CSS Profile that your sibling(s) will be pursuing an undergraduate degree or certificate at a Title IV eligible institution at least half-time during the 2024-2025 academic year. The number in college impacts your eligibility for financial aid. To verify this information, we need to confirm the enrollment for each sibling. Eligibility for Opportunity Vanderbilt scholarships does not include sibling(s) pursuing a graduate level degree in the need analysis.

If our office has not received confirmation of your sibling's enrollment status by October 15, 2024, or if your sibling's enrollment status has changed, your financial aid award will be adjusted to reflect fewer family members attending college. This may result in a significant reduction to your financial aid.

**Section 1:** To be completed by student that is NOT enrolled at Vanderbilt University

I, \_\_\_\_\_, \_\_\_\_\_, authorize a financial aid administrator of the above-named institution to  
 \_\_\_\_\_  
 Print Name

release my information requested below to Vanderbilt University.

Institution Attending 2024-2025	Student School ID
---------------------------------	-------------------

Signature of student that is NOT enrolled at Vanderbilt University	Date
--	------

**Section 2:** To be completed by parent(s) ONLY if the student in Section 1 is a Graduate student.

Parent's out of pocket contribution toward the student's educational expenses during 2024-2025: \$ \_\_\_\_\_

**Section 3:** To be completed by the institution in Section 1

<b>Student Degree Level:</b>	Undergraduate	Graduate	
<b>Aid Applicant Status:</b>	Independent	Dependent	Not an Aid Applicant
<b>Program Type:</b>	Degree	Certificate	Non-degree
<b>Enrollment Status:</b>	Full-time	Half-time	Less than half-time

**Anticipated Graduation Date** \_\_\_\_\_

**Total Cost of Attendance/Budget for Aid Year** \_\_\_\_\_

**Total Amount of Grants and Scholarships Awarded for Aid Year** \_\_\_\_\_

**Total Amount of Student's Loans for Aid Year** \_\_\_\_\_

<b>Print Name and Title of Institution's Officer</b>	<b>Signature/Date of Financial Aid Officer</b>
--	--

<b>Financial Aid Officer Email</b>	<b>Financial Aid Officer Phone Number</b>
------------------------------------	---