

The University of Scranton
Certification of Sibling Enrollment
2023-2024 Academic Year

COLVER

A. University of Scranton Student Information:

Name (Print) _____ Royal ID # _____

My sibling, _____ will () will not () be attending a post-secondary institution during the 2023-2024 academic year.

Continue to Section B if sibling *will* be attending a post-secondary institution.
Return this form to University of Scranton's Financial Aid Office if the sibling *will not* be attending a post-secondary institution.

B. To Be Completed By Sibling of University of Scranton Student:

In order to verify the information on my sibling's financial aid application, I authorize the college/university where I am enrolled to complete this form and return to me so I may return to The University of Scranton.

Name of College/University: _____

Sibling's Name (Print) Signature Student ID# Date

C. To Be Completed by Financial Aid Office referenced in Section B two weeks after the academic year begins:

The University of Scranton student referenced in Section A has indicated on his/her financial aid application that he/she has a sibling, referenced in Section B, who will be attending your institution during the 2023-2024 academic year. Please complete the following information for the student at your institution to assist us in our certification. Return this form to Student in Section B.

Start Date of Academic Year: 1. ____/____/____ (Month/Day/Year)

Expected Date of Graduation: 2. ____/____ (Month/Year)

2023-2024 Enrollment Status: 3. () Undergraduate () Graduate

4. () Full-time () Less than half-time
() Half-time () Not enrolled

5. () Degree () Certificate () Non-degree

Dependency Status: 6. () Dependent () Independent

Residency Status: 7. () On-Campus () With Parents () Off-Campus

Cost for the 2023-2024 Academic year: 8. Tuition & Fees _____ Room & Board _____
Total Cost of Attendance Budget _____

Financial Aid Information: 9. Is the student a financial aid applicant? () Yes () No

10. Parental Contribution for 2023-2024: FM _____ IM _____

11. Is the student receiving any aid? () Yes () No

Source _____ Amount \$ _____

Source _____ Amount \$ _____

D. College / University Certification:

Name (Print)

Direct Phone Number

Signature of Financial Aid Office Official

Date