



**Sibling Enrollment Verification Form
2019-20 Academic Year**

Siblings must be enrolled full-time in a degree program and considered a dependent student at a post-secondary institution to be eligible for institutional, need-based funds. Siblings who are in service academies or graduate programs will not be counted as “in school”. Please notify our office immediately of any changes to the educational plans of siblings who were initially reported as “in school” as adjustments to financial aid eligibility may be necessary. The submission deadline for this form is **October 11, 2019**.

A. Loyola University Student Information:

Name (Print) _____ Loyola ID # _____

My sibling, _____ will () will not () be attending a post-secondary institution during the 2019-20 academic year.

- ❖ Continue to Section B if your sibling **will** be attending a post-secondary institution (*other than Loyola University MD*)
- ❖ Return this form to Loyola’s Office of Financial Aid if your sibling **will not** be attending a post-secondary institution **or** is a current student enrolled at Loyola University Maryland.

() My sibling is not attending a post-secondary institution. () My sibling is attending Loyola University Maryland.

B. To be completed by the Sibling of the Loyola University Student:

I authorize the college/university where I am enrolled to release the information requested to Loyola University.

Sibling’s Name (Print) _____ Student ID# _____

Sibling’s Signature _____ Date _____

Name of College / University _____

C. To be completed by College/University referenced in Section B:

The Loyola University 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 2019-20 academic year. Please complete the following information for the student enrolled at your institution to assist us in our certification. Return this form to Loyola University.

2019-20 Enrollment Status: () Undergraduate () Graduate
 () Full-time () Half-time () Less than half-time () Not enrolled
 () Degree () Certificate () Non-degree

Expected Date of Graduation: _____ / _____ (Month / Year)

Dependency Status: () Dependent () Independent

D. College/University Certification:

Name of College Official (Print) _____ Phone _____

Signature of College Official _____ Date _____

Title _____ Email Address _____