



FALL 2011 – SPRING 2012 SIBLING ENROLLMENT VERIFICATION

Wooster student name _____ WoosterID _____

Your aid eligibility is based on the information from your aid applications that one or more of your siblings will also attend college at least half-time in 2011-2012. Each must be enrolled at least half-time in a degree or certificate program at a post-secondary institution certified to award federal student aid. Your Wooster need-based grant aid may be revised if the sibling is not considered a dependent student for financial aid purposes at his/her institution.

If a sibling you listed 'in college' on the FAFSA decides not to attend in 2011-2012, please complete the statement below and return this form directly to us. Your financial aid for the year will be adjusted accordingly.

My family member named _____ will not attend college in 2011-2012.

(signature) _____ date _____
Wooster student

To confirm your FAFSA information, please have your siblings attending college submit this form to their financial aid offices once they have enrolled and begun classes in the fall of 2011. We request that the financial aid office return it to us no later than October 31, 2011. Otherwise, your financial aid may be revised to reflect a smaller number of siblings in college.

If you have more than one sibling attending college, be sure to give each one a copy of this form.

To be completed by each sibling in college before submitting this form to his/her financial aid office:

I authorize the Financial Aid Office at _____ to supply the information requested below and ask you to submit the form to The College of Wooster by October 31, 2011.

Sibling's name (printed) _____ Date _____

Signature _____ Sibling's College ID _____

To be completed by a financial aid officer at the sibling's school listed above:

The student named above is enrolled for 2011-2012 (please check the appropriate status and grade level):

___ full time ___ half time Undergrad ___ Expected graduation/completion
___ less than half time ___ not enrolled Grad/Prof ___ date _____

___ Check if this student is not an aid applicant/FAFSA filer. If the student has filed the FAFSA:

Dependency Status (D/I): ___ Total annual CoA Budget: \$ _____ EFC: \$ _____

FAO Signature _____ Date: _____

Tel #: _____ Institution Federal School Code: _____

Name & Title
(printed) _____

PLEASE RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID, THE COLLEGE OF WOOSTER, WOOSTER OH 44691
fax: 330.263.2634 email: financialaid@wooster.edu