FALL 2015 – SPRING 2016 SIBLING ENROLLMENT VERIFICATION

Wooster student name ____________________________________________  Wooster ID __________________

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 2015-2016. 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 2015-2016, 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 2015-2016.

(signature) ____________________________________________  Wooster student date

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 2015. We request that the financial aid office return it to us no later than October 31, 2015. 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, 2015.

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 2015-2016 (please check the appropriate status and grade level):

___ full time  ___ half time  Undergrad _____  Expected graduation/completion date ______________

___ less than half time  ___ not enrolled  Grad/Prof _____

___ 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

Office of Financial Aid  •  Wooster, Ohio 44691  •  330/263-2317  •  800/877-3688
Fax 330/263-2634  •  email: financialaid@wooster.edu  •  www.wooster.edu