THE COLLEGE OF
WOOSTER

FALL 2012 – SPRING 2013 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 2012-2013. 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 2012-2013, 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 2012-2013.

(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 2012.** We request that the financial aid office return it to us *no later than October 31, 2012.* 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, 2012.

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 2012-2013 (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 0H 44691
fax: 330.263.2634 email: financialaid@wooster.edu