

Sibling Enrollment Verification

2011 – 2012

Return to the Financial Aid Office by October 14, 2011

STUDENT / SIBLING INFORMATION

To be completed by the Yale student and their sibling(s)

Student's Name: _____ MD PA

Yale ID Number: _____ Date of Birth: _____

Sibling's Name: _____

School ID Number: _____ Date of Birth: _____

I authorize _____
(Sibling's College) to release the information requested in the Sibling Student Status Section of the form to Yale School of Medicine.

Sibling's Signature: _____ Date: _____

SIBLING'S STUDENT STATUS

To be completed by the Registrar's Office

Expected Graduation Date: _____

The sibling listed above is registered:

- Full-time
- Three quarter-time
- Half-time
- Not registered

Registrar's Name: _____ Title: _____ Phone # _____

Registrar's Signature: _____ Date: _____

SIBLING'S FINANCIAL AID

To be completed by the Financial Aid Office

Dependency status for school funds:

- Dependant
- Independent

Do you require parental information when determining institutional funds? Yes No

What was the expected family contribution for student for 2011–2012 academic year? \$ _____

Financial Aid Officer's Name: _____ Title: _____ Phone # _____

Financial Aid Officer's Signature: _____ Date: _____

If the completed form is not returned by the above deadline, we will assume that the student's sibling is not enrolled as originally reported and the student's financial aid award will be adjusted accordingly.

