

Sibling Enrollment Verification

2019 – 2020

Return to the Financial Aid Office by October 11, 2019, but not before September 1, 2019

STUDENT / SIBLING INFORMATION

To be completed by the Yale student and their sibling(s), but not before the start of the fall 2019 semester

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 after the start of the fall 2019 semester

Expected Graduation Date: _____

The sibling listed above is registered:

- Full-time Graduate student
 Three quarter-time **AND** Undergraduate student
 Half-time
 Not registered

Registrar's Name: _____ Title: _____

Registrar's Signature: _____ Date: _____ Phone # _____

SIBLING'S FINANCIAL AID

To be completed by the Financial Aid Office after the start of the fall 2019 semester

Dependency status for school funds:

- Dependent
 Independent

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

What is the student's current academic year expected family contribution? \$ _____

Financial Aid Officer's Name: _____ Title: _____

Financial Aid Officer's Signature: _____ Date: _____ Phone # _____

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.

