Yale SCHOOL OF MEDICINE

Financial Aid Office

Sibling Enrollment Verification

2024 – 2025

Return to the Financial Aid Office by October 11, 2024, but not before September 1, 2024

STUDENT / SIBLING INFORMATION

To be be completed by the Yale student and their sibling(s), but not before the start of the fall 2024 semester

Student's Name: _____ ○ MD ○ PA

Yale ID Number: _____ Date of Birth: _____

Sibling's Name: _____

School ID Number: _____ Date of Birth: _____

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

Sibling's Signature: _____ Date: _____

SIBLING'S STUDENT STATUS

To be completed after the start of the fall 2024 semester.

Expected Graduation Date: _____

The sibling listed above is registered:

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

AND

○ Graduate student
○ Undergraduate student

Registrar's Name: _____ Title: _____

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

SIBLING'S FINANCIAL AID

To be completed after the start of the fall 2024 semester.

Dependency status for school funds:

○ Dependent
○ Independent

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

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.

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