



OFFICE OF FINANCIAL AID

100 Saint Anselm Drive, Manchester, New Hampshire 03102-1310 • www.anselm.edu
Phone: 603-641-7110 • Fax: 603-656-6015 • Financial_Aid@anselm.edu

2018-2019 Sibling Enrollment Confirmation Form

Student Name: _____ Student ID: _____

You had indicated on your financial aid application that you have more than one family member in college. Prior to disbursement of your financial aid to your account, we require confirmation of this information. You may email, fax or mail the completed form to our office.

Below, please list the siblings who will be attending college for 2018-19 who will also be supported by your custodial parent(s) more than 50 percent.

Sibling's Name	Age	Name of college attending in 18-19	Is Sibling Currently Registered for Fall 2018 Term?	Enrollment Status (Less than ½ time, ½ time, ¾ time or full-time)*	Level in college in 18-19 (grad or undergrad)

*At a traditional undergraduate college, less than ½ time = 1 to 5 credits per semester, ½ time=6 to 8 credits per semester, ¾ time = 9 to 11 credits per semester, and full-time = 12+ credits per semester.

Please be as accurate as possible. If any information on this form is different than what we received to award your financial aid, your financial aid award may change. The Office of Financial Aid reserves the right to confirm sibling enrollment directly with the sibling's school.

By signing this worksheet, I certify that all of the information reported on it is complete and correct. I understand that I must notify the Office of Financial Aid of any changes to the above information.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

Student's Signature (must be handwritten)

Date