

2023-2024 Sibling/Spouse Enrollment Verification Form

Student's Name:			Student ID:				
	ne. e enrolled e enrolled ollment be libling in t	at least half-time in full-time for the full-time for the full-time indicates a diffull he household who	n a degree or certificate progul academic year in an under	ram at a post-seconda graduate degree progr an what was originally	ry institution to bam at a post-secon reported, Bentle	be eligible to rondary institutely aid may be	eceive federal funds. ion to be eligible to receivadjusted.
Full Name	Age	Relationship to Student	College (if enrolled)	Undergrad or Grad	Full or Half Time	Year in School	Anticipated Date of Graduation
Example: Flex Falcon	20	Sibling	State University	Undergrad	Full Time	Fourth	5/31/2024
Certification and Signature(s							
By signing this worksheet, I/we FAFSA data is also required to	e certify the	hat all of the infor	mation reported to qualify for	or federal student aid	is complete and	l correct. On	e parent who provided
Student Name (printed)			Student Signature			Date	
Parent Name (printed) Parent Sig						Date	