



Amherst College  
Office of Financial Aid

PO Box 5000  
Amherst, MA 01002-5000  
Phone (413) 542-2296

## 2017-18 Verification of Sibling Enrollment – Second Notice

Amherst College Student Name \_\_\_\_\_

A copy of this form is required for each child (besides yourself) included in your household who is currently enrolled in post-secondary education. Please have your sibling complete Step 1 and take it to his/her Office of Financial Aid for completion of Step 2. If your sibling(s) is not enrolled, please indicate this by signing the following statement and return the form to the Office of Financial Aid immediately.

My sibling is not currently enrolled at a college or university: \_\_\_\_\_

Amherst student sign here and submit to the Amherst Office of Financial Aid if this applies to you

*This form must be completed and returned to the Amherst College Office of Financial Aid no later than October 13, 2017.*

*Failure to submit this form by the deadline will result in an adjustment of your Amherst College scholarship for the year.*

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**STEP 1** Sibling Authorization (use a separate form for each sibling attending a post-secondary institution)

\_\_\_\_\_ is currently attending \_\_\_\_\_

Name of Sibling Name of Institution

I authorize the institution where I am enrolled to release the requested information to Amherst College.

\_\_\_\_\_

Sibling signature Sibling's ID# Date

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**STEP 2** Enrollment Verification 2017-18 Academic Year (To be completed by Financial Aid Office named in Step 1)

Did the student apply for financial aid?  Yes  No

Dependency Status: Enrollment Status

Dependent  Full time  Less than half-time

Independent  Half-time  Not enrolled

Program of Study  Undergraduate  Graduate  Certificate/Non-degree

Expected Graduation Date (Month/Year) \_\_\_\_\_

Total Cost of Attendance for 2017-18: \_\_\_\_\_ Total Financial Assistance \_\_\_\_\_  
(Excluding student and parent loans)

*I certify the above information is accurate to the best of my knowledge.*

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Signature Name and Title of Financial Aid Officer Phone # Date

**STEP 3** Sibling's school sends completed form to Amherst. Please send only one copy via fax (413-542-2628) OR email ([finaid@amherst.edu](mailto:finaid@amherst.edu)) OR mail (Amherst College, Office of Financial Aid, Box 5000, Amherst, MA 0100) by October 13<sup>th</sup>.