

The University of Scranton  
Certification of Sibling Enrollment  
2022-2023 Academic Year

COLVER

**A. University of Scranton Student Information:**

Name (Print) \_\_\_\_\_ Royal ID # \_\_\_\_\_

My sibling, \_\_\_\_\_ will ( ) will not ( ) be attending a post-secondary institution during the 2022-2023 academic year.

Continue to Section B if sibling *will* be attending a post-secondary institution.

Return this form to University of Scranton's Financial Aid Office if the sibling *will not* be attending a post-secondary institution.

**B. To Be Completed By Sibling of University of Scranton Student:**

In order to verify the information on my sibling's financial aid application, I authorize the college/university where I am enrolled to complete this form and return to me so I may return to The University of Scranton.

Name of College/University: \_\_\_\_\_

\_\_\_\_\_  
Sibling's Name (Print)                      Signature                      Student ID#                      Date

**C. To Be Completed by Financial Aid Office referenced in Section B two weeks after the academic year begins:**

The University of Scranton student referenced in Section A has indicated on his/her financial aid application that he/she has a sibling, referenced in Section B, who will be attending your institution during the 2022-2023 academic year. Please complete the following information for the student at your institution to assist us in our certification. Return this form to Student in Section B.

**Start Date of Academic Year:** 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**Expected Date of Graduation:** 2. \_\_\_\_/\_\_\_\_ (Month/Year)

**2022-2023 Enrollment Status:** 3. ( ) Undergraduate ( ) Graduate

4. ( ) Full-time ( ) Less than half-time  
( ) Half-time ( ) Not enrolled

5. ( ) Degree ( ) Certificate ( ) Non-degree

**Dependency Status:** 6. ( ) Dependent ( ) Independent

**Residency Status:** 7. ( ) On-Campus ( ) With Parents ( ) Off-Campus

**Cost for the 2022-2023 Academic year:** 8. Tuition & Fees \_\_\_\_\_ Room & Board \_\_\_\_\_  
Total Cost of Attendance Budget \_\_\_\_\_

**Financial Aid Information:** 9. Is the student a financial aid applicant? ( ) Yes ( ) No

10. Parental Contribution for 2022-2023: FM \_\_\_\_\_ IM \_\_\_\_\_

11. Is the student receiving any aid? ( ) Yes ( ) No

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

**D. College / University Certification:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Direct Phone Number

\_\_\_\_\_  
Signature of Financial Aid Office Official

\_\_\_\_\_  
Date