

# Sibling Enrollment Verification 2025-2026

On your financial aid application, you indicated that you have at least one sibling attending an undergraduate college or university at least half-time during the 2025-2026 academic year. Your financial aid award is tentative, pending receipt of this document, and may be adjusted based on the verification below.

If you have more than one sibling enrolled, you must have each sibling complete a copy of this form. Please complete Section 1 of this form, have your sibling complete section 2, and have her/his Financial Aid Office and/or Registrar complete sections 3 and return the form to Student Financial Services.

This form must be received by September 28, 2025

## Section 1: Wellesley Student Information

Student Name: \_\_\_\_\_ Wellesley ID Number: \_\_\_\_\_  
CB FinAid ID Number: \_\_\_\_\_

## Section 2: Sibling Information

Sibling Name: \_\_\_\_\_ Sibling School ID Number: \_\_\_\_\_

In order to verify the information provided on my sibling's Wellesley College financial aid application, I authorize \_\_\_\_\_ to  
release the information requested below to Wellesley College. name of sibling's college / university

Sibling Signature: \_\_\_\_\_

## Section 3: To be completed by Sibling's Financial Aid Officer

Dependency Status	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent	Degree Program	<input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Associate's Degree
Enrollment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time <input type="checkbox"/> Not Enrolled	Residency Status	<input type="checkbox"/> Resident <input type="checkbox"/> Commuter <input type="checkbox"/> Off-Campus

2025-2026 Enrollment Dates \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Student's total cost of attendance for 2025-2026	_____	Tuition and Fees
	_____	Housing and Food
	_____	Total Cost of Attendance

Types of Aid (check all that apply)

<input type="checkbox"/> Institutional Need Based Grant	Amount \$ _____
<input type="checkbox"/> Federal / State Grant	Amount \$ _____
<input type="checkbox"/> Merit Grant / Scholarship	Amount \$ _____
<input type="checkbox"/> Tuition Remission	Amount \$ _____
<input type="checkbox"/> Other (please explain) _____	Amount \$ _____

Signature of College Official \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**Student Financial Services**  
**Schneider Center 122**  
**106 Central Street**  
**Wellesley, MA 02481**



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

Date \_\_\_\_\_

**phone: 781-283-2360**  
**secure fax: 781-283-3946**  
**web: [www.wellesley.edu/sfs](http://www.wellesley.edu/sfs)**  
**email: [sfs@wellesley.edu](mailto:sfs@wellesley.edu)**