



STONEHILL COLLEGE
2013-2014 Sibling Enrollment Verification Form

Please read the instructions on the reverse side of this form prior to completion. This form is required for EACH sibling/household member of a Stonehill College student who was listed on the PROFILE, FAFSA, and/or other documentation that Stonehill has received as being in the household AND in college. **Complete a separate form for each student as needed. Due Date: October 11, 2013**

STEP ONE: ENTER STONEHILL STUDENT INFORMATION

Stonehill College Student's Name: _____ Student ID Number: _____

My sibling (name), _____, will___ will not___ attend an undergraduate, postsecondary institution at least half time in a degree program during the 2013-2014 year. *If not attending, please return this form to Student Financial Services, Stonehill College immediately.*
 If attending, they will be enrolled during: Fall___ Winter___ Spring___.

STEP TWO: TO BE COMPLETED BY SIBLING ATTENDING ANOTHER COLLEGE / UNIVERSITY
(After signing, forward to the Financial Aid Office of sibling's College / University)

I authorize _____ to release my enrollment and financial aid
 (Name of College / University)
 information to Stonehill College.

 Signature Date Name (please print) Student ID Number

STEP THREE: TO BE COMPLETED BY YOUR SIBLING'S COLLEGE / UNIVERSITY
(Sibling's College will return form to Stonehill College)
Please complete this form after add/drop for fall '13.

Name of Student: _____

Name of Institution: _____ Phone Number: _____

Student's Enrollment Status: ___ Full-Time ___ Half-Time ___ Less Than Half-Time ___ Not Enrolled

Cost of Attendance _____ FM EFC _____ IM EFC _____ Total Aid _____

For financial aid purposes, this student is considered (check **ALL** that apply):

___ Dependent OR ___ Independent
 ___ Undergraduate OR ___ Graduate/professional

Is this student enrolled in a degree-granting program? ___ Yes ___ No

Expected Date of Graduation (month and year): _____

 Signature of Financial Aid Officer Name / Title (please print) Date

Please return this form by October 11, 2013 to:
Email: PDF format to finaid@stonehill.edu (enter Student Name and Stonehill ID in Subject Line)
Student Financial Services, Stonehill College, 320 Washington Street, North Easton, MA 02357
Fax: 508 565-1426

STONEHILL COLLEGE

2013-2014 Sibling Enrollment Verification Form

Your financial aid eligibility was based on more than one eligible family member attending an undergraduate, post-secondary institution during the 2013-14 academic year, as reported on your FAFSA, Profile and/or other documentation submitted to Stonehill College. *A separate form must be completed for each family member who was reported as attending College.* This form must be submitted to each sibling's college. After your sibling's college completes Step Three, the college will return the form to Stonehill.

Who is an eligible family member in college?

- A sibling, or other dependent of your parents, who is enrolled at least half-time in an undergraduate, degree, or certificate program at another college.

Who is not an eligible family member in college?

- Your parent(s)
- A sibling who is enrolled in a military academy
- A sibling who is enrolled in college less than half time or is still in high school while attending college courses
- A sibling who is enrolled in a U.S. or international college that is not eligible for Title IV federal aid

What if a sibling previously reported as in college will not attend or will be enrolled less than half time?

If your sibling previously reported as attending college will not be enrolled for the 2013-2014 academic year, or will be enrolled less than half time, please indicate such on the other side of this form and return it to Student Financial Services immediately. Please be advised that the financial aid package will be adjusted accordingly.

If enrollment is not verified by October 11, 2013 it could result in:

1. Reduction or cancellation of your financial aid award for 2013-14
2. Adjustments to your student account bill for any reduced or cancelled financial aid
3. Immediate payment due for any reduced or cancelled financial aid disbursements
4. Placement of a registration hold on your student account pending either receipt of the sibling enrollment verification form OR payment for any reduced or cancelled financial aid disbursements

Please return this form by October 11, 2013 to:

Email: PDF format to finaid@stonehill.edu (enter Student Name and Stonehill ID in Subject Line)

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Fax: 508 565-1426