2018-2019 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 5, 2018*

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 2018-2019 year. *If sibling is not attending College, please sign and return this form directly to Student Financial Assistance, Stonehill College, immediately.* If sibling is attending college, Stonehill Student and Parent signatures are not required. Sibling will be enrolled during: Fall__ Winter__ Spring__.

Stonehill Student Signature_____   Parent Signature_____

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
                                                (Name of College / University)
and financial aid information to Stonehill College.

_____   _____
Sibling Signature (required)   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 2018
Name of Student: _____

Name of Institution: _____Ed Code:_____ Phone Number: _____

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

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
Is this student enrolled in a certificate program? ___Yes   ___No

Expected Date of Graduation (month and year): _____

_____   _____ _____ _____
Signature of Financial Aid Officer   Name / Title (please print)   Date   Telephone #
Please return this form by October 5, 2018
Fax to 508 565-1426 or email in PDF format to finaid@stonehill.edu (enter Student Name and Stonehill ID in Subject Line)
Student Financial Assistance, Stonehill College, 320 Washington Street, North Easton, MA 02357

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STONEHILL COLLEGE
2018-2019 Sibling Enrollment Verification Form

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Your financial aid eligibility was based on more than one eligible family member attending an undergraduate, post-secondary institution during the 2018-2019 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 that half time?

If your sibling previously reported as attending college will not be enrolled for the 2018-2019 academic year, or will be enrolled less than half time, please indicate such on the other side of this form, sign the form and return it to Student Financial Assistance immediately. Please be advised that the financial aid package will be adjusted accordingly.

If enrollment is not verified by October 5, 2018 it could result in:

1. Reduction or cancellation of your financial aid award for 2018-2019
2. Adjustments to your 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

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Please return this form by October 5, 2018 to:
Email: PDF format to finaid@stonehill.edu
(enter Student Name and Stonehill ID in Subject Line)
Fax: 508-565-1426
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Stonehill College
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