



2026-2027 Verification of Sibling Enrollment

Washington University Student Name: _____ ID Number: _____

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate seeking program during the 2026-2027 academic year. Please have your sibling(s) complete section A of this form and then have section B completed by his/her financial aid office. Failure to return this completed form to the Washington University Student Financial Services office by October 1, 2026 could result in an adjustment to your 2026-2027 Washington University Scholarship award. If your sibling also attends Washington University in St. Louis, please complete section A and return form to Student Financial Services.

Note: A separate form must be completed for each sibling enrolled in college.

A. To Be Completed By Sibling:

Sibling Name: _____ Sibling ID Number: _____

Sibling College or University: _____

In order to verify information on my sibling's Washington University financial assistance application, I authorize the institution in which I am enrolled to release the information requested to Washington University in St. Louis.

Sibling Signature: _____ Date: _____

B. To Be Completed By The Financial Aid Officer or Registrar at Sibling's College or University:

2026-2027 Enrollment Information:

Status: ☐ Full-Time ☐ Half-Time ☐ Less Than Half Time ☐ Not Enrolled

Level: ☐ Undergraduate ☐ Graduate/Professional

Is the student enrolled in a degree or certificate seeking program? ☐ Yes ☐ No

Is your college or university eligible to participate in the U.S. Federal Student Aid programs? ☐ Yes ☐ No

Expected date of graduation (month/year): ____/____

I certify this information is accurate to the best of my knowledge

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Email Address: _____ Phone : _____