2027-2028 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 2027-2028 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, 2027, could result in an adjustment to your 2027-2028 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.

PLEASE NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH SIBLING ENROLLED IN COLLEGE.

SECTION A: TO BE COMPLETED BY SIBLING

Student Sibling Name: _____ ID Number: _____
Sibling College/University: _____

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

Sibling Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY FINANCIAL AID OFFICER OR REGISTRAR AT SIBLING'S COLLEGE/UNIVERSITY:

2027-2028 Enrollment Information

Status:
- ☐ Full-time
- ☐ Half-time
- ☐ Less than half-time
- ☐ Not enrolled

Grade Level:
- ☐ Undergraduate
- ☐ Graduate

Enrollment:
- ☐ Degree program
- ☐ Certificate program
- ☐ Not in degree program

Is your college/university eligible to participate in the U.S Federal Student Aid Program?
Yes: ☐ No: ☐

Expected Date of Graduation: _____/_____

I certify that the information is accurate to the best of my knowledge.

Name: _____ Title: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

PLEASE UPLOAD YOUR COMPLETED FORM TO YOUR STUDENT NETPARTNER ACCOUNT

Washington University in St. Louis | Office of Student Financial Services
MSC 1041-105-05 | One Brookings Drive | St. Louis, MO 63130-4899 | office 314.935.5900 | email: siblingenrollment@wustl.edu