

MOUNT HOLYOKE

SIBLING ENROLLMENT VERIFICATION FORM 2009-2010 Academic Year

You reported on the FAFSA and/or PROFILE that you will have one or more siblings enrolled in another college or university at least half-time during the 2009-2010 academic year. We must now verify the sibling enrollment. If your sibling does not intend to enroll, indicate that information on the form and return it to our office. If this form is not returned, aid will be adjusted based on the assumption that there are no children other than yourself, the Mount Holyoke College student, enrolled in an eligible program.

Date due back to MHC: September 15th

Mount Holyoke College Student: _____

First Name

M.I.

Last Name

Student ID: _____

Please list each sibling that will be enrolled in another college or university at least half-time in a degree granting program during the 2009-2010 academic year.

By signing below, I am authorizing Mount Holyoke College to retrieve the necessary information to verify sibling enrollment. I also understand that changes to the planned enrollment status or type of institution could result in a change to my financial aid package.

1	Name of Sibling	Social Security Number	Date of Birth	Institution
	Fall 09 _____ Spring 10 _____ Hours of Enrollment	Sibling's Signature		Graduation Date
2	Name of Sibling	Social Security Number	Date of Birth	Institution
	Fall 09 _____ Spring 10 _____ Hours of Enrollment	Sibling's Signature		Graduation Date
3	Name of Sibling	Social Security Number	Date of Birth	Institution
	Fall 09 _____ Spring 10 _____ Hours of Enrollment	Sibling's Signature		Graduation Date
4	Name of Sibling	Social Security Number	Date of Birth	Institution
	Fall 09 _____ Spring 10 _____ Hours of Enrollment	Sibling's Signature		Graduation Date

Both MHC Student and Parent must sign below:

Signature: _____

Mount Holyoke College Student Signature

Date

Parent Signature: _____

Date