

# MOUNT HOLYOKE<sup>SM</sup>

## MOUNT HOLYOKE COLLEGE

### Sibling Enrollment Verification for 2024-2025

You indicated that one or more of your siblings will be enrolled as a full time undergraduate student in a college or university in 2024-2025. To verify this information, please complete Section A below. Your sibling should complete Section B. Section C should be completed by the post secondary institution that your sibling will attend. The institution should email the completed form to our office. (Please complete a separate form for each sibling.) If this form is not returned to our office we will assume that you have no siblings enrolled in an undergraduate institution and will adjust your financial aid accordingly.

#### Section A: Mount Holyoke College Student Information

\_\_\_\_\_  
Last Name [please print clearly]      First Name      MI      MHC ID Number

#### Section B: Sibling Information (Completed by sibling of Mount Holyoke College student)

I authorize the institution in which I am enrolled to complete and release the information below to Mount Holyoke College.

\_\_\_\_\_  
Last Name [please print clearly]      First Name      MI      Name of College/University

\_\_\_\_\_  
Sibling's Signature      Date

#### Section C: Completed by Sibling's College/University

Please provide the information requested below for the student listed in Section B .      2 Year Program      4 Year Program

Anticipated Enrollment Status Fall semester:       Full Time       Half Time       < Half Time       Not Enrolled

Anticipated Enrollment Status Spring Semester:       Full Time       Half-Time       <Half Time       Not Enrolled

Degree Program:  Undergraduate       Graduate      Anticipated Graduation date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title [please print clearly]      Date

\_\_\_\_\_  
Signature      Telephone or E-Mail

Student Financial Services  
50 College Street  
South Hadley, MA 01075-1492

E-Mail: [sfs@mtholyoke.edu](mailto:sfs@mtholyoke.edu)  
Phone: 413-538-2291