



VILLANOVA UNIVERSITY

Office of Financial Assistance
800 Lancaster Avenue
Villanova, PA 19085
Fax: 610-519-7599 Email: finaaid@villanova.edu

Certificate of Sibling Enrollment

Note: You may use this form or provide us with a copy of the sibling's class schedule

A. Villanova University Student Information

Name: _____ Villanova University Number: _____

Continue to Section B if sibling will be attending a post-secondary institution. Notify the Villanova University Office of Financial Assistance if sibling will not be attending a post-secondary institution.

B. To Be Completed by Sibling of Villanova University Student

In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Villanova University.

Name of Institution: _____

Sibling's Name: _____ Social Security Number or School ID: _____

Signature: _____ Date: _____

C. To Be Completed by Institution Referenced in Section B

The Villanova University student referenced in Section A has indicated on his/her financial aid application that s/he has a sibling, referenced in Section B, who will be attending your institution.

Complete the following information regarding the student enrolled at your institution to assist us in our certification. Please fax this form to Villanova University Office of Financial Assistance within two weeks of receipt.

Expected Date of Graduation: 1. _____ (month/year)

Enrollment Status: ____ / ____ AY 2. [] Undergraduate [] Graduate

3. [] Full-time [] Less than Half-time
[] Half-time [] Not Enrolled

4. [] Degree [] Certificate [] Non-degree

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

Name of College Official: _____

Signature of College Official: _____ Date: _____

Title: _____

Address: _____ Phone: _____