

Villanova University
Office of Financial Assistance
800 Lancaster Avenue
Villanova, PA 19085

Certificate of Sibling Enrollment

FAX 610-519-7599

A. Villanova University Student Information

Name: _____ Villanova ID Number: _____

Continue to Section B if sibling **will** be attending a post-secondary institution. Notify 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 _____/____A 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: _____

