



# VILLANOVA UNIVERSITY

## Certificate of Sibling Enrollment

**Please Return To:**

Office of Financial Assistance Dropbox

<https://www1.villanova.edu/villanova/enroll/finaid/forms.html>

### A. Villanova University Student Information

**Villanova University**

**Student's Name:** \_\_\_\_\_ **Student ID 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you, the sibling of the Villanova University student, also be enrolled at Villanova University for the 2022-2023 academic year?

Yes

No

If Yes, please indicate your Villanova University Student ID Number and return this form to the Office of Financial Assistance.

Villanova University Student ID Number: \_\_\_\_\_

If No, please indicate the Name of the Post-Secondary Institution you will be attending during the 2022-2023 academic year and continue to Section C.

Name of Post-Secondary Institution: \_\_\_\_\_

### C. To Be Completed by the Institution the Sibling is Attending, referenced in Section B

The Villanova University student referenced in Section A had indicated on their financial aid application that they have a sibling, who is referenced in Section B above, who will be attending your institution during the 2022-2023 academic year.

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

1. Expected Graduation Date: \_\_\_\_\_ (month/year)

2. Enrollment Status:  Full-Time  Half-Time  Less Than Half-Time  Not Enrolled

3. Program of Study  Undergraduate  Graduate  Certificate  Non-Degree

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

Name of College Official: \_\_\_\_\_

Signature of College Official: \_\_\_\_\_ Date: \_\_\_\_\_

Title of College Official: \_\_\_\_\_

Email of College Official: \_\_\_\_\_

Phone Number of College Official: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

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