



# VILLANOVA UNIVERSITY

## Certificate of Sibling Enrollment

Please Return To:

Office of Financial Assistance Dropbox

<https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html>

Student's Name: \_\_\_\_\_ Villanova University  
Student ID Number: \_\_\_\_\_

Continue to Section A 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. **Section B must be completed by a representative from the sibling's institution.**

### A. To Be Completed by Sibling of Villanova University Student

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

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

Will you, the sibling of the Villanova University student, also be enrolled at Villanova University for the 2025-2026 academic year?  
Yes No

If Yes, please indicate your Villanova University Student ID Number and return the 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 2025-2026 academic year and continue to Section B.

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

### B. To Be Completed by a Representative from the Institution the Sibling is Attending, referenced in Section A.

A Villanova University student had indicated on their financial aid application that they have a sibling, who is referenced in Section A above, who will be attending your institution during the 2025-2026 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 once it has been completed in its entirety.

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: \_\_\_\_\_

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