

SIBLING ENROLLMENT VERIFICATION FORM

A. William & Mary Student Information: (please print)

Name: _____
Last First M.I.

W&M Student's ID Number: **93** _____

B. Sibling Information: (please print)

Name: _____
Last First M.I.

Sibling School ID number: _____ Sibling Signature: _____

C. To be completed by the Financial Aid Administrator or Registrar of the sibling's institution:

The William & Mary student named in section A has indicated on their financial aid application that they have a sibling, named in section B, attending your institution. Please complete the following information regarding the student enrolled in your institution to assist us in our certification. Return this form to the College of William & Mary as soon as possible. You may return this document by fax or mail, whichever you prefer. We thank you for your cooperation and assistance.

Dependency status: Dependent Independent

Expected date of graduation: _____
Month Year

Current enrollment status: Full-time Half-time Less than half time

This Student is not enrolled as a degree/certificate seeking student

This Student is enrolled as part of a Dual Enrollment Initiative with _____ (Please provide name of local high school)

School Seal of Certifying Institution

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Name/Signature of Certifying Official

Date

Title of Certifying Official

Telephone

School Name and Address

Use one of the following methods to return this form:

Online Upload (preferred): <https://www.wm.edu/financialaid/box>

Fax: 757-221-2515

To protect your data, we do not accept documents via e-mail attachment

Mail: Office of Student Financial Aid
William & Mary
P.O. Box 8795
Williamsburg, VA 23187-8795

Office of Student Financial Aid
William & Mary
Blow Memorial Hall, Room 124
262 Richmond Road
Williamsburg, VA 23185