

DARTMOUTH

SIBLING ENROLLMENT VERIFICATION FORM 2020-2021

Dartmouth Student Name (please print)

Dartmouth Student ID

OPTION I – PART A: *To be completed by Parent(s)*

_____ has the following enrollment status at _____

Sibling Name

Name of Sibling's College

Full-Time

Half-Time

Less than Half-Time

Not Enrolled

Parent signature

Date

OPTION I – PART B: *Submit with a copy of the sibling's fall term billing statement. Acceptance letters, financial aid award letters, and class schedules will not be accepted.*

OR

OPTION II – PART A: *To be completed by Dartmouth student's sibling.*

I give permission for the Financial Aid Office or Registrar's Office at _____ to complete Option II Part B of this form.

Name of Sibling's College

Sibling signature

Date

After signing, forward to the Financial Aid Office or Registrar's Office at your institution to complete Part B.

OPTION II – PART B: *To be completed by Dartmouth student's sibling's Financial Aid Office or Registrar's Office*

Dependency Status: Dependent Independent

College Level: Undergraduate Graduate

Enrollment: Full-Time Half-Time

Less than Half-Time Not Enrolled

Signature of School Official

Title

Print Name

Date

Return by: Monday, October 19, 2020
Financial.Aid@Dartmouth.edu
Fax: (603) 646-1414
Phone: (603) 646-2451

Financial Aid Office
Dartmouth College
6024 McNutt Hall
Hanover, NH 03755-3541