



Yale School of Medicine

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New Haven, CT 06510

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SIBLING COLLEGE VERIFICATION ENROLLMENT FORM 2008/2009

We are asking all students who have listed a brother, sister and/or Parent on Need Access as being enrolled in a Postsecondary educational institution to verify their enrollment. This can be accomplished by having this form completed after they have officially enrolled at their Institution for the Fall Term. You, your sibling and/or parent, the Registrar and Financial Aid Officer at the school your sibling is attending must sign this form and return it to the Yale University School of Medicine Financial Aid Office.

YALE MEDICAL SCHOOL STUDENT: _____

Family Section: The name of my brother, sister and/or parent (name of sibling) who is enrolled in a Postsecondary Educational Institution is _____.

Institution Section: The name of the Institution where sibling is enrolled: _____.

Release Information: The above mentioned student gives permission to his/her Registrar and Financial Aid Office to release the student information. This student information includes academic and financial aid.

Signature _____ **Date** _____

STUDENT STATUS SECTION: (To be completed by Registrar's Office)

Expected Graduation Date is: _____

The Student listed above is:

Registered Full Time	() Yes () No
Registered More Than Half Time	() Yes () No
Registered Less Than Half Time	() Yes () No
Not Registered	() Yes () No

Registrar Signature _____ **Date:** _____

FINANCIAL AID OFFICE SECTION: (To be completed by Financial Aid Office)

Dependency Status: Dependent () Yes () No
(For School Funds) Independent () Yes () No

Type of Aid

Need Based	() Yes () No
ROTC	() Yes () No
Athletic Scholarship	() Yes () No
Tuition Remission	() Yes () No
Merit Based Award	() Yes () No
Other (Please Explain)	_____

Do You Require Parental Information When Determining Institutional Funds () Yes () No

What Was the Expected Family Contribution for Student for 2006/2007 Academic Year \$ _____

Return this form to:

Yale School of Medicine
Student Financial Aid Office
367 Cedar Street, Room 202
New Haven, CT 06510

Financial Aid Officer Signature _____ **Date:** _____