

## 2023-2024 Verification of Sibling Enrollment

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate program during the 2023-2024 academic year. Please have your sibling(s) complete section A of this form and then have section B completed by his/her financial aid office. Failure to return this completed form to the Illinois Valley Community College Financial Aid & Veterans Services office <u>by October 1, 2023</u>, could result in an adjustment to your 2023-2024 Illinois Valley Community College financial aid offer. <u>If your sibling also attends</u> Illinois Valley Community College, <u>please complete</u> <u>section A and return form to Financial Aid & Veterans Services</u>.

## Note: A separate form must be completed for each sibling enrolled in college.

## A. To Be Completed by Sibling:

Sibling Name:	Sibling ID Number:
Sibling College or University:	
In order to verify information on my sibling's Illinois Valley Community College financial assistance application, I authorize the institution in which I am enrolled to release the information requested to IVCC.	
Sibling Signature:	Date:
B. To Be Completed By The Financial Aid Officer or Registrar at Sibling's College or University:	
2023-2024 Enrollment Information:	
Status: () Full-Time () Half-Time () Less Than Half Time	ne () Not Enrolled
Level: () Undergraduate () Graduate/Professional	
Is the student enrolled in a degree or certificate seeking program? () Yes () No	
Is your college or university eligible to participate in the U.S. Federal Student Aid programs? ( ) ${ m Yes}~$ ( ) ${ m No}~$	
Expected date of graduation (month/year):/	
I certify this information is accurate to the best of my knowledge	
Printed Name:	Title:
Signature:	Date:
Email Address:	Phone:

Please return this worksheet to Illinois Valley Community College Financial Aid & Veterans Services Office