



**ILLINOIS VALLEY
COMMUNITY COLLEGE**

Financial Aid Office
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Telephone: 815-224-0438
Fax: 815-224-0638

For Office Use Only:
Approved by: _____

2020-2021 Verification of Sibling Enrollment

Illinois Valley Community College Student Name: _____ ID Number: _____

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate program during the 2020-2021 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 by October 1, 2020 could result in an adjustment to your 2020-2021 Illinois Valley Community College Scholarship award. If your sibling also attends Illinois Valley Community College, please complete section A and return form to Financial Aid & Veterans Services.

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:

2020-2021 Enrollment Information:

Status: Full-Time Half-Time Less Than Half Time 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? Yes 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