



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: _____

2022-2023 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 2022-2023 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, 2022 could result in an adjustment to your 2022-2023 Illinois Valley Community College financial aid offer. 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:

2022-2023 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