



2009-2010 CERTIFICATE OF SIBLING ENROLLMENT

I. SALVE REGINA UNIVERSITY STUDENT INFORMATION

Name: _____ ID#: _____

My sibling, _____, will will not be attending a post-secondary institution during the 2009-2010 academic year.

II. TO BE COMPLETED BY SIBLING OF SALVE REGINA UNIVERSITY STUDENT

In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Salve Regina University:

SIBLING ENROLLED AT:

Name of Institution: _____

Sibling's Name: _____ SS#: _____

Signature: _____ Date: _____

III. TO BE COMPLETED BY INSTITUTION REFERENCED IN SECTION II.

Dear Financial Administrator,

The Salve Regina University student referenced in Section I has indicated, on his/her financial aid application, that he/she has a sibling, referenced in Section II, who will be attending your institution during the 2009-2010 academic year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification. Return this form to Salve Regina University via regular mail or fax. Thank you.

EXPECTED DATE OF GRADUATION

1. _____/_____ (Month/Year)

2009-2010 ENROLLMENT STATUS

- 2. Undergraduate Graduate
3. Full-time Less than 1/2 time
 Half-time Not enrolled
4. Degree Certificate Non-degree

DEPENDENCY STATUS

5. Dependent Independent

RESIDENCY STATUS

6. Resident Commuter Off-Campus

COSTS FOR THE 2009/2010 ACADEMIC YEAR

7. _____ Tuition & Fees _____ Room & Board
_____ Total Cost of Attendance Budget

FINANCIAL AID INFORMATION

- 8. Is the student a financial aid applicant? Yes No
9. Parental Contribution for 2009-2010: FM _____ IM _____
10. Is the student receiving non-need-based aid? Yes No
11. If yes, please indicate sources and amount below:
Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Financial Aid Administrator Name _____ Title _____

Financial Aid Administrator's Signature _____ Date _____ Telephone Number _____