



2023-2024 SIBLING ENROLLMENT VERIFICATION FORM

Student's Name: _____ Scripps Student ID _____

Your 2023-2024 financial aid application indicated that you have one or more sibling(s) attending a college or university as an undergraduate for the 2023-2024 academic year. Please have your sibling(s) complete and sign Section I of this form and have your sibling's school complete Section II.

The need analysis calculation takes into consideration the number of undergraduates enrolled in college during the academic year. A completed form must be returned directly to the Scripps College Office of Financial Aid by August 30, 2023, for each enrolled sibling. If the form is not received, we must assume your sibling is not enrolled and adjust your financial aid accordingly.

Section I

Sibling's Name: _____ Sibling's Student ID Number: _____

I authorize _____ to release the information requested in Section II of this form to Scripps College.
(Name of Sibling's College/University)

Sibling Signature: _____ Date: _____

Section II

(All fields in this section must be completed by the Financial Aid or Registrar's Office at sibling's college)

Student Name: _____ Student ID Number: _____

Enrollment Level for 2023-2024:

Full-Time
Three-Quarters Time
Half Time
Less than Half Time (units:____)
Not enrolled

Program of Study for 2023-2024:

Undergraduate
Graduate

Expected Graduation Date: _____
(mm/ccyy)

School Official: _____ Phone Number: _____
(print name)

Title: _____ Email address: _____

School Official's Signature: _____ Date: _____