

2024-2025 Sibling Enrollment Verification

According to information received by our office, other members of your family will be attending college at least half-time during the 2024-2025 academic year. Section A should be completed by the Oberlin student, Section B by the family member attending the postsecondary institution, and Section C by a Financial Aid representative of that institution. After Section C has been completed, the postsecondary institution should mail, email, or fax the form directly to the Office of Financial Aid at Oberlin.

Section A: Oberlin Student Information

_____	_____	_____	T _____
Last Name [please print clearly]	First Name	MI	Oberlin ID Number
Address [include apt. #] _____			
_____	_____	_____	_____
City	State	Zip Code	Daytime Phone Number

Section B: Sibling Information

To verify my enrollment, I authorize the institution in which I am enrolled to release this information to Oberlin.

_____	_____	_____
Last Name [please print clearly]	First Name	Name of College/University
I <input type="checkbox"/> do <input type="checkbox"/> do not receive tuition remission or reimbursement from my parent's employer for my educational expenses.		
The amount of my tuition remission or reimbursement that will be provided for 2024-2025 is \$ _____.		
_____	_____	_____
Family Member Signature [sibling of Oberlin student]	Date	

Section C: Sibling's College/University

Please provide the information requested for the student listed in Section B to assist us in our verification process.

Expected Graduation Date (month/year) _____

Current Enrollment Status: Full Time Half Time < Half Time Not Enrolled

Level of Study: Undergraduate Graduate Non-Degree seeking

Dependency Status: Dependent Independent

Cost of Attendance for 2024-2025 \$ _____.

Is student receiving tuition waiver or employer reimbursement? Yes No

_____	_____
Name and Title [please print clearly]	Telephone or E-Mail
_____	_____
Signature	Date

OFFICE OF FINANCIAL AID
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