

University of Pittsburgh School of Medicine – Office of Admissions and Financial Aid
S520 Scaife Hall – 3550 Terrace Street – Pittsburgh, PA 15261
412-648-9891 – (Fax) 412-648-8768

2018-2019 Sibling/Spouse Enrollment Verification Form

Your financial aid application indicates that you have one or more siblings and/or a spouse who is attending college. This information must be verified in order for our office to complete your financial aid. Please complete section 1 and section 2 of this form and forward it to your sibling's / spouse's college for completion of section 3.

Who is an eligible family member in college?

- A sibling or other dependent of your parents who will be enrolled at least half-time for the 2018-2019 school year in an undergraduate program seeking a degree or certificate
- A sibling or other dependent of your parents who is enrolled in a U.S. medical school at least half-time for the 2018-2019 school year
- Your spouse enrolled an undergraduate or graduate program in 2018-2019 enrolled at least half-time seeking a degree or certificate

Who is not an eligible family member in college?

- Parent(s)
- A sibling enrolled less than half-time in an undergraduate program or is still in high school attending college courses
- A sibling in a graduate program outside of a school of medicine
- A sibling enrolled in an international college that is not eligible for Title IV federal aid
- Your spouse if enrolled less than half-time

If enrollment is not verified by (September 18, 2018) what will happen?

- Reduction or cancelation of your financial aid award for 2018-2019
- Adjustments to your student account for credited funds that you are no longer eligible to receive
- Placement of a hold on your University account resulting in late fees, collection fees, registration hold, etc. if any unpaid balance remains after adjustments to your financial aid (please contact our office if this becomes an issue)

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Section 1: University of Pittsburgh School of Medicine Student Information

Name: _____ Year: _____ PeopleSoft # or last 4 digits of SS# _____

Section 2: Sibling/Spouse Information

Name: _____ Attending Institution: _____

I authorize the named above institutions financial aid office to release the following information to the University of Pittsburgh School of Medicine.

Sibling/Spouse Signature: _____

Section 3: School Certification

The student named in section 2 is enrolled (please circle):

Full Time Half Time Less than Half Time

Degree Certificate Non Degree

Undergraduate Graduate

Student anticipated date of graduation: _____

I certify that the information in section 3 is accurate to the best of my knowledge.

Signature of officer completing this form: _____

Printed Name and Title: _____

Phone Number: _____ Date: _____

Please return form to:
University of Pittsburgh School of Medicine
5520 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Fax: 412-648-8768 Email: financial_aid@medschool.pitt.edu