2015-2016 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 2015-2016 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 2015-2016 school year
- Your spouse enrolled an undergraduate or graduate program in 2015-2016 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, 2015) what will happen?

- Reduction or cancelation of your financial aid award for 2015-2016
- 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)
2015-2016 Sibling/Spouse Enrollment Verification Form

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
518 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
Fax: 412-648-8768 Email: financial_aid@medschool.pitt.edu