



Financial Aid Office  
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 Philadelphia, PA 19104  
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## Sibling Enrollment Verification Form 2020-2021

UPLOAD FORMS TO: [uscience.sharefile.com/filedrop](https://uscience.sharefile.com/filedrop)

### Section I

**To be completed by USciences student:**

USciences Student: \_\_\_\_\_ USciences Student ID #: \_\_\_\_\_

**USciences student: Please give this form to your sibling who attends another college to complete Section II.**

### Section II

**To be completed by Sibling of USciences student:**

Sibling's Name: \_\_\_\_\_ Sibling's ID # at college: \_\_\_\_\_

I authorize \_\_\_\_\_ to release the information in Section III of  
(Name of Sibling's College/University)  
 this form to University of the Sciences.

Sibling's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sibling of USciences student: submit this signed form to the Financial Aid administrator at your college to complete Section III.**

### Section III

**To be completed by Financial Aid Administrator at Sibling's College/Institution:**

#1. **Enrollment:** (check one)  Full Time  Half-Time  Less Than Half-Time  Not Enrolled

#2 **Program:** (check one)  Undergraduate  Graduate

Anticipated Graduation Date: \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
 Printed Name of Financial Aid Administrator Date

\_\_\_\_\_  
 Signature of Financial Aid Administrator Title of Administrator

FA Administrator: please complete this form and return to USciences via email, fax or mail.

\_\_\_\_\_  
 Email Phone

**For Office Use Only**  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_