



# Middlebury

Student Financial Services  
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## Sibling Enrollment Verification Form

### Academic Year 2026-2027

Student Name: \_\_\_\_\_ CBFinAid ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Middlebury ID: \_\_\_\_\_

Address: \_\_\_\_\_

Please carefully read the following instructions and, in the table below, report your parent(s)' other dependent children if:

- The other children will be attending college at least half-time during the 2026-2027 academic year in a program leading to a degree, diploma, or certificate, and
- Your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards even if the children do not live with your parent(s).

Sibling's Full Name	Age	Name of College	Program Level	Enrollment Status	Expected Graduation Date
			Undergraduate Graduate	Full-time Half-time	
			Undergraduate Graduate	Full-time Half-time	
			Undergraduate Graduate	Full-time Half-time	
			Undergraduate Graduate	Full-time Half-time	

The information I submit on this form is true and correct to the best of my knowledge:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_