Student Financial Services
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Middlebury College
Middlebury, VT 05753
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Sibling Enrollment Verification Form

Academic Year 2027-2028

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 2027-2028 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, 2027, through June 30, 2028, 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: _____