



# Middlebury

84 South Service Road  
Middlebury College  
Middlebury, VT 05753  
802-443-5158  
go.middlebury.edu/sfs

## Sibling Enrollment Verification Form Academic Year 2024-25

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 2024-2025 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, 2024, through June 30, 2025, 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
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Full-time <input type="checkbox"/> 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: \_\_\_\_\_