



SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM 2011-2012

Student Financial Aid Services
Reed Hall- Suite 427
1620 McElderry Street,
Baltimore, MD 21205
410-955-1324 Telephone
410-614-3730 Fax
Email: finaid@jhmi.edu

The application you submitted for Financial Aid indicated that you have one or more siblings and/or a spouse who is attending college. **The sibling(s) and/or spouse must be enrolled full time.** This information needs to be verified. Please complete Section One and Section Two of this form and forward it to your sibling's or spouse's college for completion of Section Three.

Please note that your institutional grant may be reduced due to sibling non-enrollment.

This form is only to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2011-2012 academic year.

SECTION ONE – JHU SCHOOL OF MEDICINE STUDENT INFORMATION

SOM Student Name SOM Student Identification Number

SECTION TWO – SIBLING/SPOUSE INFORMATION Note: Sibling/spouse must be enrolled Full Time.

_____ OR _____

Sibling Name Spouse Name

_____ OR _____

School Name at which sibling is enrolled School Name at which spouse is enrolled

SECTION THREE – SCHOOL CERTIFICATION

TO BE COMPLETED BY AUTHORIZED SCHOOL OFFICIAL ONLY

Return this form to the above address or fax to 410-614-3730. Thank you.

Please verify that the student listed above in Section Two is currently enrolled at your Institution.

I hereby certify that the above student is enrolled (circle one): FULL-TIME PART-TIME NOT ENROLLED

Name of School City, State

Authorized School Personnel Title Contact Number