



## SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM 2012-2013

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](mailto: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 2012-2013 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