



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

SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM 2019-2020

**THIS FORM MUST BE RETURNED BY
October 30, 2019**

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 at a four-year institution.** 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 will be reduced due to sibling non-enrollment, attendance less than full-time, or enrollment in foreign institutions.

This form is only to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2019-2020 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 at a four-year institution.

Sibling Name

OR

Spouse Name

School Name at which sibling is enrolled

OR

School Name at which spouse is enrolled

SECTION THREE – SCHOOL CERTIFICATION

TO BE COMPLETED BY AUTHORIZED REGISTRAR OFFICIALS ONLY

Return this form to the above address, or email to finaid@jhmi.edu, or fax to 410-614-3730

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 (US only)

Authorized School Personnel (Print)

Title

Contact Number

Authorized School Personnel (Signature)

Date