COOPER UNION
2016 – 2017
SIBLING VERIFICATION OF COLLEGE ENROLLMENT

RETURN TO FINANCIAL AID OFFICE

Your financial aid application indicates your sibling is attending college. Please have him/her sign the statement below and forward this form to his/her Financial Aid Office.

If our office has not received confirmation of your sibling enrollment status or if their enrollment status has changed, your financial aid award will be adjusted to reflect that fewer family members are in college.

_____ _____
Print Cooper Union Student's Name Social Security Number

To be completed by Sibling College

☐ I grant the Financial Aid Office at _____ permission to release the information below to the Cooper Union Financial Aid Office.

☐ My sibling is not attending college in **2016-2017**

_____ _____
Print Sibling Name Social Security Number

_____ _____
Signature Date

To be completed by Sibling Financial Aid Office

2016-17 Enrollment status: _____Full-time _____Less than Half-time
_____Half-time _____Not Enrolled
_____Undergraduate _____Graduate/Professional

Dependency status is: _____Dependent _____Independent
_____Not Determined

Expected Date of Graduation: _____ Cost of Attendance: _____

_____ _____
Financial Aid Officer's Signature Date

_____ _____
Print Name and Title Institution's Name

Return to: Financial Aid Office, The Cooper Union, 30 Cooper Square, 3rd floor, New York, NY 10003