Certificate of Sibling Enrollment 2023–2024 Please return by October 1, 2023

This completed form should be sent to www.bc.edu/finaidupload. Please note that it takes 48-72 hours for your documents to be added to your financial aid file.

A. Boston College	Student Information		
Name:			Eagle I.D. Number:
My sibling,2023–2024 academic ye	ar.	uill	☐ will not be attending a post-secondary institution during the
Continue to Section B is post-secondary institut		econdary institution.	Return form to the above address if sibling will not be attending a
B. To Be Complete	d by Sibling of Boston Coll	ege Student	
In order to verify information requested to Bosto		d application, I autho	rize the institution at which I am enrolled to release the informa-
Name of Institution:			
Sibling's Name:			Sibling's I.D. Number:
Signature:			Date:
C. To Be Complete	d by Sibling's Financial Aid	d Administrator	
Dependency Status	DependentIndependent	Degree Progra	m □ Undergraduate Degree □ Graduate Degree □ Non Degree
Enrollment Status	☐ Full-time☐ Half-time☐ Less than Half-time☐ Not Enrolled	Residency Stat	us Resident Commuter Off-Campus
2023–2024 Enrollment I	Dates:	(end o	1.1.)
		·	Tuition and Fees Housing and Food
Expected Date of Grade	ıation:		
Is the student a financial aid applicant? See Yes No		IM Parent Contribution for 2023–2024:	
Types of Aid (check all that apply) Need-based aid Self-help only Merit-based Award Athletic Scholarship Tuition Remission ROTC Scholarship Other (please explain):			Amount \$Amount \$
Signature of College Official			Phone Number
Print Name and Title			 Date

Please return completed form to:

- Boston College Financial Aid Processing Center, PO Box 1482 Portsmouth, NH 03802
 bc.edu/finaidupload (BC student credentials required)
- 3. studentservices@bc.edu.