C. To Be Completed by Sibling’s Financial Aid Administrator

Dependency Status
❑ Dependent
❑ Independent

Degree Program
❑ Undergraduate Degree
❑ Graduate Degree
❑ Non Degree

Enrollment Status
❑ Full-time
❑ Half-time
❑ Less than Half-time
❑ Not Enrolled

Residency Status
❑ Resident
❑ Commuter
❑ Off-Campus

2016-2017 Enrollment Dates: ________________________ ________________________
(begin date) (end date)

Student’s total cost of attendance for 2016-2017:

Tuition and Fees
Room and Board
Total Cost of Attendance Budget

Expected Date of Graduation: _________________________________________

Is the student a financial aid applicant?
❑ No

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 $________________________
Amount $________________________
Amount $________________________
Amount $________________________
Amount $________________________

Signature of College Official
Phone Number

____________________________________________________  ____________________________________________________
Print Name and Title Date