A. Boston College Student Information

Name: ___________________________________________ Eagle I.D. Number: ___________________________

My sibling, ______________________________________, will not be attending a post-secondary institution during the 2019–2020 academic year.

Continue to Section B if sibling will be attending a post-secondary institution. Return form to the above address if sibling will not be attending a post-secondary institution.

B. To Be Completed by Sibling of Boston College Student

In order to verify information on my sibling’s financial aid application, I authorize the institution at which I am enrolled to release the information requested to Boston College.

Name of Institution: ___________________________________________

Sibling’s Name: ___________________________________________ Sibling’s I.D. Number: ___________________________

Signature: ___________________________________________ Date: ___________________________

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

2019–2020 Enrollment Dates: ___________________________ (begin date) ___________________________ (end date)

Student’s total cost of attendance for 2019–2020: ___________________________ Tuition and Fees ___________________________ Room and Board ___________________________ Total Cost of Attendance Budget

Expected Date of Graduation: ___________________________

Is the student a financial aid applicant? ❑ Yes ❑ No  IM Parent Contribution for 2019–2020: ___________________________

Types of Aid (check all that apply)

❑ Need-based aid Amount $ ___________________________
❑ Self-help only Amount $ ___________________________
❑ Merit-based Award Amount $ ___________________________
❑ Athletic Scholarship Amount $ ___________________________
❑ Tuition Remission Amount $ ___________________________
❑ ROTC Scholarship Amount $ ___________________________
❑ Other (please explain): ___________________________ Amount $ ___________________________

Signature of College Official ___________________________ Phone Number ___________________________ Date ___________________________

Print Name and Title ___________________________