

Certificate of Sibling Enrollment 2020–2021
Please return by October 2, 2020

This completed form should be sent to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/undergradaid.
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, _____ will will not be attending a post-secondary institution during the 2020–2021 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

2020–2021 Enrollment Dates: _____ (begin date) _____ (end date)

Student's total cost of attendance for 2020–2021: _____ 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 2020–2021: _____

Types of Aid (check all that apply)

<input type="checkbox"/> Need-based aid	Amount \$ _____
<input type="checkbox"/> Self-help only	Amount \$ _____
<input type="checkbox"/> Merit-based Award	Amount \$ _____
<input type="checkbox"/> Athletic Scholarship	Amount \$ _____
<input type="checkbox"/> Tuition Remission	Amount \$ _____
<input type="checkbox"/> ROTC Scholarship	Amount \$ _____
<input type="checkbox"/> Other (please explain): _____	Amount \$ _____

Signature of College Official

Phone Number

Print Name and Title

Date