

**Certificate of Sibling Enrollment 2021–2022**  
**Please return by October 1, 2021**

This completed form should be sent to [www.bc.edu/finaidupload](http://www.bc.edu/finaidupload). Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at [www.bc.edu/undergradaid](http://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 2021–2022 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

2021–2022 Enrollment Dates: \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Student's total cost of attendance for 2021–2022: \_\_\_\_\_ 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 2021–2022: \_\_\_\_\_

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