

Warren Alpert Medical School of Brown University
Sibling College Enrollment Verification
(To be submitted *after* sibling's/siblings' matriculation in Fall 2009)

Alpert Medical School Student's Name: _____

Please use a separate form for each family member enrolled in college or graduate school.

Section A: Family Member Statement (To be completed by the sibling/parent/spouse of the Alpert Medical School student)

I authorize (Name of Institution) _____ to release information requested in Section B to the Alpert Medical School.

Signature of family member enrolled in above named school

Date

Please print name of family member

Social Security Number

Section B: Financial Aid Office Certification (To be completed by the Financial Aid Office at the family member's institution)

Name of School: _____ Expected Date of Graduation: _____

Current enrollment status: ___ full time ___ at least half-time ___ less than half-time

Dependency Status (for school funds): ___ Dependent ___ Independent ___ Not an aid applicant

Grade Level _____ Student's Budget for the 2009-2010 year: \$ _____

Total Aid Award \$ _____

Type of Aid (check all that apply): ___ Need-based ___ ROTC ___ Athletic Scholarship ___ Tuition Remission
___ Merit-based Award

___ Other (please explain) _____

Signature of Financial Aid Officer

Date

If your family member will **NOT** be attending a post-secondary institution, check the space below.

_____ My family member will not be attending a post secondary institution during the 2009-10 year.

Please return completed form by **November 2, 2009** to: Alpert Medical School, Office of Financial Aid, 97 Waterman Street, Box G-A213, Providence, RI 02912 or fax to 401-863-2660.