Sibling Enrollment Verification Form

Hofstra Northwell School of Medicine
Office of Student Finance
500 Hofstra University
Hempstead, NY 11549-5000
email: medicine.finaid@hofstra.edu
phone: 516.463.7523
fax: 516.463.7572

Students reporting full-time enrollment of a sibling or siblings as part of the financial aid application should complete this form. A separate form must be submitted for each sibling. Section one is to be completed by the student and sibling. Section two is to be completed by the sibling’s college or university. NOTE: Failure to return this form may result in the adjustment of the financial aid award including a reduction in need-based scholarship or loan aid.

Section 1: STUDENT INFORMATION

Academic Year: ___________

Year in school:  ○ MS1  ○ MS2  ○ MS3  ○ MS4

Student Name: _______________________________________
700 #:_________________

Sibling Name: _______________________________________
ID #:_________________

I authorize ___________________________ to release the information requested in Section 2 of (Name of sibling’s college or university)

this form to Hofstra Northwell School of Medicine.

Sibling’s signature: ___________________________ Date: __________

Section 2: ENROLLMENT VERIFICATION – SCHOOL CERTIFICATION
(To be completed by a representative in the office of the Registrar, Academic Records, or Financial Aid)

Name of institution: ___________________________ Program: ___________________________

Enrollment:  ○ Full Time  ○ Half Time  ○ Less than Half Time  ○ Not Enrolled
 ○ Undergraduate  ○ Graduate

Expected graduation date (month/day/year): __________

Signature of Institution Representative

Date

Name/Title (please print) ____________________________________________ Phone ____________________

**Please submit this form to the address listed above.**