

Certificate of Sibling Enrollment – 2009-10

SE

KSC Student Financial Services / Federal Student Aid Programs

A. Keene State College Student Information

Student's Name (Last, First, MI)–please print _____

Student ID# _____

Date _____

My sibling, _____, will will not be attending a post-secondary institution during the 2009-10 academic year.

Continue to Section B if sibling **will** be attending a post-secondary institution. Return this form to our office if sibling **will not** be attending a post-secondary institution.

B. To Be Completed by Sibling of Keene State 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 Keene State College.

Name of Institution _____

Sibling's Name _____

Sibling's Signature _____

Sibling's Student ID# _____

Date _____

C. To Be Completed by Institution Referenced in Section B

Dear Financial Aid Administrator:

The Keene State College student referenced in Section A has indicated on his/her financial aid application that s/he has a sibling, referenced in Section B, who will be attending your institution during the 2009-10 academic year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification, and return this form to Keene State College at your earliest convenience. Thank you, KSC Student Financial Services.

Expected Date of Graduation

1. _____ (month/year)

2009-10 Enrollment Status

2. Undergraduate Graduate

3. Full-time Less than Half-time

Half-time Not Enrolled

4. Degree Certificate Non-degree

Dependency Status

5. Dependent Independent

Residency Status

6. Resident Commuter Off-Campus

Costs for the 2009-10 academic year

7. \$ _____ Tuition and Fees

\$ _____ Room and Board

\$ _____ Total Cost of Attendance Budget

Financial Aid Information

8. Is the student a financial aid applicant? Yes No

9. Parental Contribution for 2009-10 FM _____ IM _____

10. Is the student receiving any non-need based aid? Yes No

11. If yes, please indicate sources and amounts below:

Source _____ Amount: \$ _____

Source _____ Amount: \$ _____

I certify that the above information is accurate to the best of my knowledge.

Name/Signature of College Official _____

Date _____

Address _____

Telephone Number _____

**Student Financial Services – Keene State College, 229 Main Street, Keene, NH 03435-2606
Phone: 603-358-2280 – Fax: 603-358-2794 – Web: www.keene.edu/sfs**