



AVE MARIA UNIVERSITY

Office of Financial Aid

5050 Ave Maria Blvd, Ave Maria, FL 34142-9505 • 239-280-1669 tel • 239-280-2559 fax
AMUFinancialaid@avemaria.edu

Sibling Verification Form

You indicated on your FAFSA that other member(s) of your household will be pursuing a degree or certificate at a Title IV eligible college or university at least half-time in the _____ school year. The number of siblings enrolled at an eligible college impacts your eligibility for financial aid. To verify this information, we need to confirm enrollment for each sibling.

INSTRUCTIONS: Student and sibling must complete Sections 1 & 2. **Section 3 must be completed by the school the sibling attends.**

1. Ave Maria University student:

Name _____ ID# _____

2. Sibling attending college:

Name _____ ID# _____

College/university you're attending _____ Semester & Year _____

I authorize the above-named college/university to release the below information to Ave Maria University.

Signature _____ Date _____

(Please forward this form to the sibling's college financial aid office for completion).

3. TO BE COMPLETED BY SIBLING'S FINANCIAL AID OFFICE

The student named in Section 2 is enrolled: full time half time less than half time

Program: degree certificate non-degree

Dependency status on FAFSA: dependent independent

Are you a Title IV-eligible institution? yes no

Name/Title

Signature

Date

Email

Please Fax or e-mail completed form to the Office of Financial Aid