Trinity College
HARTFORD · CONNECTICUT

Dear Trinity College Student:

Your Financial Aid Award is based on information you provided stating that your sibling(s) will also attend a college or university during the 2013-14 academic year.

Please complete Part 1 and Part 2 of the verification form and return it to the Financial Aid Office at Trinity College. We will forward this form for completion to the college or university your sibling(s) will be attending.

The status of your Sibling Verification will remain "incomplete" until we verify enrollment in early fall.

If we fail to receive this information, or if the college or university does not certify that your sibling is enrolled at least half-time in a certificate or degree seeking undergraduate program, we will assume that you are the only family member enrolled and your financial aid award will be adjusted accordingly.

The completed form must be mailed to Trinity College no later than <u>June 21, 2013.</u>

Thank you.

Sincerely,

Financial Aid Office
860-297-2046

Trinity College
HARTFORD CONNECTICUT

2013-14 Verification of Sibling Enrollment

Part I.   **To be completed by Trinity College Student**

Trinity Student_____   Trinity ID #_____
(please print name)

My sibling _____   will [ ]   will not [ ]
be attending a college/university during the 2013-14 academic year.

Part II.   **To be completed by <u>sibling</u> of Trinity College Student**

Name of sibling's college/university _____

School Street Address _____

City _____ State _____ Zip _____

Sibling's Name _____   Student ID#_____
(please print)
Sibling's Signature*_____   Date _____
*Signature is needed in order to authorize release of enrollment and financial aid information to Trinity College.

-- Please return form to Trinity College's Financial Aid Office with Parts I & II completed –

Part III.   **To be completed by the Financial Aid Office for the Student listed in Part II**

Dependency Status   **Current Enrollment Status**

___Dependent   ___Full-time
___Independent   ___Three Quarter-time
___Independent with   ___Half-time
   parent contribution   ___Less than half-time
                                        ___Not Enrolled

Types of Aid (√ all that apply)   **Student is enrolled in:**

___Need-based aid   ___Undergraduate degree program
___Tuition Remission   ___Graduate degree program
___Merit based aid   ___Certificate program
___Self-help only   ___Non-degree courses
___Did not apply

Anticipated Graduation Date (month/year): _____/_____

2013-14 Cost of Attendance: _____   **2013-14 Financial Aid Awarded:** _____

_____   _____   _____
Name/Title   Phone Number   Signature   Date

TRINITY COLLEGE / FINANCIAL AID OFFICE / 300 SUMMIT STREET, HARTFORD, CT 06106
PHONE: 860-297-2046 / FAX: 860-987-6296 / EMAIL: financial-aid@trincoll.edu