

OFFICE OF FINANCIAL AID

100 Saint Anselm Drive, Manchester, New Hampshire 03102-1310 • www.anselm.edu Phone: 603-641-7110 • Fax: 603-656-6015 • Financial_Aid@anselm.edu

August 2017

Dear Student,

Several factors other than income affect a family's ability to pay for their children's education. These variables include such elements as the size of the family, the age of the parents, unusual medical expenses, and the number of children attending college or university at the same time. At Saint Anselm our goal is to equitably distribute limited institutional resources; therefore, it is necessary for us to verify all aspects of your financial aid application including the college enrollment of your siblings.

You indicated on your FAFSA and/or CSS PROFILE that at least one sibling (brother or sister) is enrolled in college as an undergraduate or graduate student this year. Because your financial aid package was based on this information we require verification of that information in order for you to maintain the aid package you have at present.

- If your sibling did not enroll at a college or university, please contact our office immediately.
- If your sibling is enrolled at a college or university, please forward the enclosed Sibling Verification Form to him/her for completion. Your sibling will need to request that a financial aid administrator at his/her institution complete the appropriate section. If more than one sibling is enrolled, please feel free to make copies of this enclosed form.

Your sibling must have their institution complete this form only after the sibling has begun the 2017-2018 academic year. Submitting this form prior to the sibling's actual enrollment may delay disbursement of your financial aid as we may be required to reconfirm their enrollment. We must receive the completed Verification of Sibling Enrollment form no later than **Friday, September 15, 2017**. We have provided a fax number so that the Aid Administrator can fax the completed form to our office.

Keep in mind that if new information is provided on the Verification of Sibling Enrollment, we may adjust your financial aid. Information that could change your financial aid includes: non-enrollment of a sibling or a sibling in the following status: in graduate school, enrolled less than full time, receiving independent financial aid, receiving full-tuition benefits or enrolled in a service academy. If you fail to provide this documentation by the indicated deadline, we will assume that your sibling has not enrolled and we will adjust your financial aid package accordingly.

If you have questions about this procedure, please contact us at (603) 641-7110 or Financial_Aid@anselm.edu.

Sincerely,

Elizabeth Keuffel

Director of Financial Aid

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SAINT ANSELM COLLEGE VERIFICATION OF SIBLING ENROLLMENT FOR 2017-2018

(Submit after student enrolls but no later than September 15, 2017)

PART I: To be completed by Saint Anselm College Student						
Name:				Student ID:		
PART II: To be comple	eted by Si	hlino				
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Sibling Name:				Sibling's Student ID:		
Name of Institution:						
I authorize the institution	n named al	pove to provide the	inform	ation requested below to Saint A	Anselm	College.
Sibling Signature				Date		
PART III: To be compl	leted by S	ibling's Financial	Aid Of	fice		
Dependency Status: ☐ Dependency Status: ☐ Indep		oendent ependent		Degree Program:		☐ Undergraduate Degree ☐ Graduate Degree
Enrollment Status:	□ Full 7	Time		Residency Status:		Resident
\Box Half						Commuter
☐ Less than Half Time					[Off-campus
2017-2018 Enrollment Dates:				to		
		Begin date		End date		•
Is the student a financial aid applicant? ☐ Yes				FC for 2017-2018: FM:		
□ No						IM:
Student's Cost of Attendance for 17-18:				Expected Date of Graduation:		
				_ 1		Month/Year
Types of Aid: (check all ☐ Need-based a ☐ Self-help only	id)				
☐ Merit-based Award (☐ full; ☐ partial)				Amount Received in 17-18 \$_		
☐ Athletic Scho	(□ full; □ partial)		Amount Received in 17-18 \$			
☐ Tuition Remi	$(\Box \text{ full}; \Box \text{ partial})$		Amount Received in 17-18 \$			
☐ ROTC Scholarship (☐ Other (please explain): _		(□ full; □ partial) ————————————————————————————————————		Amount Received in 17-18 \$_		
Signature				() Phone Number		
						·
Print Name and Title				Date		