

## **Harvard Medical School**

## 2014-2015 Sibling Enrollment Verification Worksheet

The application you submitted to the HMS Financial Aid Office indicated that you have/will have one or more siblings attending a postsecondary educational institution in 2014-15. This information must be verified for each sibling enrolled before your financial aid award(s) will be disbursed. Please return this form to Harvard Medical School by October 1, 2014.

Note: Complete this form only after your sibling has enrolled for the 2014-15 year. Failure to return this form may result in a reduction of your financial aid award(s). Section A - Harvard Medical School Student Information To be completed by HMS student Name (Please print) HUID **Section B - Sibling Information** To be completed by HMS student's sibling Name (Please print) Sibling's School ID # Date of birth to release my enrollment information to I authorize (Siblina's School) Harvard Medical School. Sibling's Signature Date Section C – School Certification To be competed by Registrar of Institution attended by sibling 2014-2015 enrollment status: \_\_\_\_Full-time \_\_\_\_Half-time \_\_\_\_Less than Half-time Expected date of graduation: Name of Institution: City/State: Registrar's Name (Please print) Registrar's Signature Date \*\*\*Please Return To: **Harvard Medical School** 

**Financial Aid Office** 

25 Shattuck Street, Rm. 211 **Boston. MA 02115** 

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