



C O K E R
C O L L E G E

SIBLING ENROLLMENT VERIFICATION

Coker College Student's Name _____ Student ID# _____

The above student's financial aid was based on information that other family members attend, or will be attending, a postsecondary institution for the 2016-2017 academic year. Complete Section A and forward it to the Financial Aid Office at the institution for which you sibling is enrolled. This form is due by September 4, 2016. If you're a spring start student, this form is due January 29, 2017. If the completed form is not returned by the due date changes to your FAFSA will be made and could result in a change in your financial aid package.

SECTION A

Name of Sibling _____

Home Address _____

Social Security Number _____

Name of Institution Sibling will be attending _____

City _____ State _____

SECTION B

THE INFORMATION BELOW IS TO BE COMPLETED BY A FINANCIAL AID ADMINISTRATOR AT THE INSTITUTION WHERE THE SIBLING INTENDS TO ENROLL.

Student's expected level of enrollment. Full-time Half-time Less than Half-time

Degree-seeking student? Yes No Year in School _____

Has the student applied for financial aid? Yes No

How is the student classified? Dependent Independent

Name and Title of Financial Aid Administrator Completing Form (Please Print) Telephone Number

Signature of Financial Aid Administrator Completing Form Date