Office of Student Financial Services

MS 027, 415 South Street Waltham, MA 02454-9130 EMAIL: finaid@brandeis.edu

Brandeis University

2025-2026 Clarification of Sibling in College

Brandeis Student Name:	Student ID Number:
	rated you have sibling(s) who will enroll as undergraduate(s) in 2025-2026. rovide our office with clarifying details regarding their enrollment.
Official School Name & Cost (ple	ase complete this section if the sibling's college choice has already been determined)
Sibling Name:	
Enrolling in Academic Year (2025-2026):Y	es O No O
Name of College or University:	
FAFSA School Code (available online):	
Family Expected Contribution: \$0 - \$5000 (Please include expected student and parent Exact Amount, if known: \$	•
Enrollment Status: Half-time or greater \(\textstyle{\textstyle{0}}\) I Notes/Additional Comments, as necessary:	ess than half-time O
-	mplete this section if the sibling's college choice is not yet finalized)
Sibling Name:	
Enrolling in Academic Year (2025-2026): Y	(es O No O
Names of Colleges or Universities (indicate	top three schools if known):
FAFSA School Codes (available online):	
Family Expected Contribution: \$0 - \$5000 (Please include expected student and parent Exact Amount, if known: \$	
Enrollment Status: Half-time or greater OI Notes/Additional Comments, as necessary:	Less than half-time 🔘
Student Signature:	Date:
Parent Signature:	Date: