

Office of Student Financial Services

MS 027, 415 South Street

Waltham, MA 02454-9130

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Brandeis University

2026-2027 Clarification of Sibling in College

Brandeis Student Name: _____ **Student ID Number:** _____

On the FAFSA and/or CSS Profile, you indicated you have sibling(s) who will enroll as undergraduate(s) in 2026-2027. Please complete the box or boxes below to provide our office with clarifying details regarding their enrollment.

Official School Name & Cost (please complete this section if the sibling's college choice has already been determined)

Sibling	Name: _____
Enrolling in Academic Year (2026-2027):	Yes <input type="radio"/> No <input type="radio"/>
Name of College or University: _____	
FAFSA School Code (available online): _____	
Family Expected Contribution: \$0 - \$5000 <input type="radio"/> Greater than \$5000 <input type="radio"/>	
<i>Please include expected student and parent loans, 529 payments, etc. in this figure.</i>	
Exact Amount, if known: \$ _____	
Enrollment Status: Half-time or greater <input type="radio"/> Less than half-time <input type="radio"/>	
Notes/Additional Comments, as necessary:	

Pending School Name & Cost (please complete this section if the sibling's college choice is not yet finalized)

Sibling Name: _____
Enrolling in Academic Year (2026-2027): Yes <input type="radio"/> No <input type="radio"/>
Names of Colleges or Universities (indicate top three schools if known): _____
FAFSA School Codes (available online): _____
Family Expected Contribution: \$0 - \$5000 <input type="radio"/> Greater than \$5000 <input type="radio"/>
<i>Please include expected student and parent loans, 529 payments, etc. in this figure.</i>
Exact Amount, if known: \$ _____
Enrollment Status: Half-time or greater <input type="radio"/> Less than half-time <input type="radio"/>
Notes/Additional Comments, as necessary:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____