

Certificate of Sibling Enrollment 2025–2026

Please return by October 1, 2025

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A. B , C ege S , de I f a

Name: _____ Eagle I.D. Number: _____

My sibling, _____ will _____ will not be attending a post-secondary institution during the 2025–2026 academic year.

Continue to Section B if sibling _____

C. T Be C e ed b, S b g, F a c a A d Ad , a

Dependency Status	Dependent Independent	Degree Program	Undergraduate Degree Graduate Degree Non Degree
Enrollment Status	Full-time Half-time Less than Half-time Not Enrolled	Residency Status	Resident Commuter O -Campus

2025–2026 Enrollment Dates: _____ (begin date) _____ (end date)

Student's total cost of attendance for 2025–2026: _____
 _____ Tuition and Fees
 _____ Housing and Food
 _____ Total Cost of Attendance Budget

Expected Date of Graduation: _____

Is the student a financial aid applicant? Yes _____ No _____ IM Parent Contribution for 2025–2026: _____

Types of Aid (check all that apply)

Need-based aid	Amount \$ _____
Self-help only	Amount \$ _____
Merit-based Award	Amount \$ _____
Athletic Scholarship	Amount \$ _____
Tuition Remission	Amount \$ _____
ROTC Scholarship	Amount \$ _____
Other (please explain): _____	Amount \$ _____

Signature of College Official _____ Phone Number _____

Print Name and Title _____ Date _____