



2021-2022 ACADEMIC YEAR

CERTIFICATION OF ENROLLMENT STATUS FOR SIBLING OR SPOUSE

Your Free Application for Federal Student Aid (FAFSA) indicates you have sibling(s), a spouse, or child(ren) who will be attending college during the 2021-22 academic year. This form must be completed for each family member reported to be in college. To be considered "in college" for the purposes of financial aid, family members must be enrolled at least half-time in an undergraduate program at a post-secondary institution eligible to receive federal funds. Notify SFS immediately of any changes to the educational plans of family members who were initially reported as "in college" as adjustments to financial aid eligibility may be necessary.

Please complete this document with the information of the UD student and other "in college" family member. The bottom section must be completed by the financial aid office where the other family member is enrolled. Submit the completed form via My SFS Docs: udel.verifymyfafsa.com/account/login.

Student Information
Last Name, First Name, Middle Initial, Permanent Address, City, State, ZIP, UDID, Phone, D.O.B., UD Email @udel.edu
Sibling / Spouse / Child Information
Sibling/Spouse/Child Name, Student ID, D.O.B., College/University Attending 2021-22, Relation to UD Student (checkboxes for Sibling, Spouse, Dependent Child), Please note that parents of dependent students cannot be counted as "in college" for the purposes of financial assistance. If a parent was included in the number in college reported on the FAFSA please notify SFS to make the necessary adjustments to your file.
Certification
I authorize the above named college/university to release the following information to the University of Delaware.

Family Member Signature Date

To Be Completed by the Financial Aid Office at the Family Member's Institution
Degree Level (checkboxes for Undergraduate, Graduate), Enrollment (checkboxes for Full-Time, Half-Time, Less than Half-Time), Aid Applicant Status (checkboxes for Independent, Dependent, Not an Aid Applicant), Anticipated Graduation Date, Total Budget, Family Contribution (EFC), Name / Title of Financial Aid Officer, Phone Number

Signature of Financial Aid Officer Date