



# Hamilton

**2016-2017 Sibling Enrollment Verification Form**  
Due: September 15, 2016

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**HAMILTON STUDENT MUST COMPLETE**

Hamilton student's name: \_\_\_\_\_ ID# \_\_\_\_\_

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**HAMILTON STUDENT'S SIBLING MUST COMPLETE**

*In order to confirm the information on my sibling's financial aid application, I authorize my institution to release the requested information to Hamilton College.*

Name of institution: \_\_\_\_\_

Sibling's name: \_\_\_\_\_

Sibling's signature: \_\_\_\_\_

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**FINANCIAL AID OFFICE OF SIBLING'S INSTITUTION MUST COMPLETE**

2016-2017 - Enrollment and financial aid status:

Expected graduation date: \_\_\_\_\_ /20\_\_\_\_\_

Cost of attendance \$ \_\_\_\_\_ Grant/Scholarship aid \$ \_\_\_\_\_

Parent contribution \$ \_\_\_\_\_ Student/Parent loans \$ \_\_\_\_\_

Please circle yes or no below:

Please circle all that apply below:

On aid?..... Yes / No  
Undergraduate?..... Yes / No  
Graduate?..... Yes / No

Full-time      Less than 1/2 time  
3/4 time      Full year  
1/2 time      Partial year

*I certify that to the best of my knowledge the information provided above is accurate.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title of certifying official: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**Return form via:** Fax: 315-859-4962 • E-mail: scanned PDF file to [finaid@hamilton.edu](mailto:finaid@hamilton.edu)