

2024-2025 Sibling/Spouse Enrollment Verification Form

Student's Name:			Student ID:					
This form must be completed by • Siblings/spouses must be institutional funds.			lings or a student's spouse or all academic year in an under					
Please note, if the confirmed enre	ollment be	elow indicates a dif	ferent status or institution that	nn what was originally	reported, Bentle	ey aid may be	adjusted.	
In the spaces below, list each si married, also include their spou	_		will be enrolled at a degree	granting college du	ring the 2024-20	025 academic	year. If the student is	
Full Name	Age	Relationship to Student	College (if enrolled)	Undergrad or Grad	Full or Half Time	Year in School	Anticipated Date of Graduation	
Example: Flex Falcon	20	Sibling	State University	Undergrad	Full Time	Fourth	5/31/2025	
Certification and Signature(s) By signing this worksheet, I/we Profile data is also required to s	certify tl	nat all the informa	tion reported to qualify for t	federal student aid is	complete and co	orrect. One pa	arent who provided CSS	
Student Name (printed)			Student Signature			Date		
Parent Name (printed)	ent Name (printed) Parent Signature				Date			

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Student Financial Services