

2026-2027 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 ill academic year in an under		•			
Please note, if the confirmed enre	ollment be	elow indicates a dif	ferent status or institution that	an 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 dur	ring the 2026-20)27 academic	year. If the student i	
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	5/31/2027	
Certification and Signature(s) By signing this worksheet, I/we Profile data is also required to s	certify the	nat all the informa	tion reported to qualify for	federal student aid is	complete and co	orrect. One pa	arent who provided C	
udent Name (printed)			Student Signature			Date		
Parent Name (printed)			Parent Signature			Date		
Student Financial Services								

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