Office of Student Financial Services MS 027, 415 South Street Waltham, MA 02454-9130 EMAIL: finaid@brandeis.edu

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Brandeis University

2025-2026 Clarification of Sibling in College

Brandeis Student Name: _____ Student ID Number: _____

On the FAFSA and/or CSS Profile, you indicated you have sibling(s) who will enroll as undergraduate(s) in 2025-2026. Please complete the box or boxes below to provide our office with clarifying details regarding their enrollment.

Official School Name & Cost (please complete this section if the sibling's college choice has already been determined)

Sibling Name:	
Enrolling in Academic Year (2025-2026):Yes O No O	
Name of College or University:	
FAFSA School Code (available online):	
Family Expected Contribution: \$0 - \$5000 O Greater than \$5000 O Please include expected student and parent loans, 529 payments, etc. in this figure. Exact Amount, if known: \$	
Enrollment Status: Half-time or greater OLess than half-time O Notes/Additional Comments, as necessary:	

Pending School Name & Cost (please complete this section if the sibling's college choice is not yet finalized)

Sibling Name:	
Enrolling in Academic Year (2025-2026): Yes O No O	
Names of Colleges or Universities (indicate top three schools if kr	nown):
FAFSA School Codes (available online):	
Family Expected Contribution: \$0 - \$5000 O Greater than \$5000 Please include expected student and parent loans, 529 payments, we Exact Amount, if known: \$	\$
Enrollment Status: Half-time or greater OLess than half-time ONotes/Additional Comments, as necessary:)
Student Signature:	Date:
Parent Signature:	Date: