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

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 ◯ No ◯

Name of College or University: _____

FAFSA School Code (available online): _____

Family Expected Contribution: $0 - $5000 ◯ Greater than $5000 ◯
Please include expected student and parent loans, 529 payments, etc. in this figure.
Exact Amount, if known: $_____

Enrollment Status: Half-time or greater ◯ Less than half-time ◯
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 ◯ No ◯

Names of Colleges or Universities (indicate top three schools if known):
_____

FAFSA School Codes (available online): _____

Family Expected Contribution: $0 - $5000 ◯ Greater than $5000 ◯
Please include expected student and parent loans, 529 payments, etc. in this figure.
Exact Amount, if known: $_____

Enrollment Status: Half-time or greater ◯ Less than half-time ◯
Notes/Additional Comments, as necessary:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____