

CMC Student's Full Name:	
CMC Student ID#	

## 2018-2019 Sibling Enrollment Verification Form

Print Name of Sibling in College	Sibling's ID Number	
Sibling's College or University		
Address	City	State Zip Code
I hereby certify that I am currently attending classes for attendance for the 2018-2019 academic year, and pr aid eligibility at Claremont McKenna College (CMC award(s) at any time due to changes in units in which I of any changes to my enrollment.	ovide all other required information for the purpo .) I understand that CMC reserves the right to mo	ose of determining my sibling's financial dify my sibling's 2018-2019 financial aid
Sibling's Signature	Date	
	rm by fax to 909-607-0661, or email the contact information listed above.	
October 1, 2018. Please return the forfinaid@cmc.edu or USPS mailing using  1. Is the student listed above currently a If Yes, please indicate status: Fu  2. Term of Attendance: Fall 2018	rm by fax to 909-607-0661, or email the contact information listed above.  Ittending your institution? Yes No ll-time Half-time Less than half-time  Winter 2018 Spring 2019	
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