Certificate of Sibling Enrollment 2025–2026
Please return by October 1, 2025

This completed form should be sent to www.bc.edu/finaidupload. Please note that it takes 48–72 hours for your documents to be added to your financial aid file.

A. Boston College Student Information

Name: _____   Eagle I.D. Number: _____

My sibling,_____   ❑ will   ❑ will not be attending a post-secondary institution during the 2025–2026 academic year.

Continue to Section B if sibling **will** be attending a post-secondary institution. Return form to the above address if sibling **will not** be attending a post-secondary institution.

B. To Be Completed by Sibling of Boston College Student

In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Boston College.

Name of Institution: _____

Sibling's Name: _____   Sibling's I.D. Number: _____

Signature: _____   Date: _____

C. To Be Completed by Sibling's Financial Aid Administrator

Dependency Status   ❑ Dependent   Degree Program   ❑ Undergraduate Degree
       ❑ Independent   ❑ Graduate Degree
                      ❑ Non Degree

Enrollment Status   ❑ Full-time   Residency Status   ❑ Resident
       ❑ Half-time   ❑ Commuter
       ❑ Less than Half-time   ❑ Off-Campus
       ❑ Not Enrolled

2025–2026 Enrollment Dates: _____   _____
            (begin date)   (end date)

Student's total cost of attendance for 2025–2026:   _____ Tuition and Fees
                      _____ Housing and Food
                      _____ Total Cost of Attendance Budget

Expected Date of Graduation: _____

Is the student a financial aid applicant?   ❑ Yes   IM Parent Contribution for 2025–2026:_____
                ❑ No

Types of Aid (check all that apply)
 ❑ Need-based aid   Amount $_____
 ❑ Self-help only   Amount $_____
 ❑ Merit-based Award   Amount $_____
 ❑ Athletic Scholarship   Amount $_____
 ❑ Tuition Remission   Amount $_____
 ❑ ROTC Scholarship   Amount $_____
 ❑ Other (please explain): _____   Amount $_____

_____   _____
Signature of College Official   Phone Number

_____   _____
Print Name and Title   Date

Please return completed form to:

1. Boston College Financial Aid Processing Center, PO Box 1482 Portsmouth, NH 03802
2. bc.edu/finaidupload (BC student credentials required)
3. studentservices@bc.edu.

SEV2026