Harvard Law School - Student Financial Services
Verification of Sibling Enrollment Form 2024-2025

Submit the completed form in the SFS Self-Service Portal (sfs.harvard.edu) under Application Requirements. If you have more than 2 siblings, complete this form as many times as needed; complete Section A every time.

Section A: Certification

By signing below, I certify that the below enrollment information is accurate. I understand that I am required to inform SFS immediately if any of the enrollment information changes and that failure to do so could result in disciplinary action with the Administrative Board. I understand that SFS reserves the right to request enrollment documentation from the school, and/or to follow-up with me to confirm enrollment. I understand that a change in sibling enrollment will impact my Parent Resources and HLS Grant eligibility.

HLS Student Signature: _____   Date: _____

HLS Student Name Printed:_____   HLS Student ID: _____

Section B: Enrollment Details

Please provide expected enrollment information for your sibling or half-sibling for the 2024-2025 Academic Year only. If you are unsure of enrollment, please provide details in the open-ended space below. Do not include enrollment information for step-siblings.

Sibling #1 Full Name: _____   Age (as of 9/1/24): _____

☐ NOT attending a post-secondary institution

☐ Will be a **_Medical Resident_** (*Not an approved "in-school" status for the purposes of determining eligibility for aid at HLS)

☐ Attending a post-secondary institution (*Complete all questions below)

Name of School: _____   Location (state/country): _____

Expected Graduation Date (month/year): _____/_____   Course of Study/Major: _____

Type of School	**Course/Credit Load**	**Expected Enrollment**
☐ Undergraduate (4-Yr)	☐ Full-time status	☐ Full year (Fall & Spring)
☐ Undergraduate (2-Yr)	☐ Half-time status (or more)	☐ Fall Only
☐ Graduate/Professional	☐ Less than Half-time status	☐ Spring Only
☐ Other:_____	☐ Other:_____	☐ Other:_____

Use the space below to provide any other clarifying information:

_____

Please provide expected enrollment information for your sibling or half-sibling for the 2024-2025 Academic Year only. If you are unsure of enrollment, please provide details in the open-ended space below. Do not include enrollment information for step-siblings.

Sibling #2 Full Name: _____   Age: _____

☐ NOT attending a post-secondary institution

☐ Will be a **_Medical Resident_** (*Not an approved "in-school" status for the purposes of determining eligibility for aid at HLS)

☐ Attending a post-secondary institution (*Complete all questions below)

Name of School: _____   Location (state/country): _____

Expected Graduation Date (month/year): _____/_____   Course of Study/Major: _____

Type of School	**Course/Credit Load**	**Expected Enrollment**
☐ Undergraduate (4-Yr)	☐ Full-time status	☐ Full year (Fall & Spring)
☐ Undergraduate (2-Yr)	☐ Half-time status (or more)	☐ Fall Only
☐ Graduate/Professional	☐ Less than Half-time status	☐ Spring Only
☐ Other:_____	☐ Other:_____	☐ Other:_____

Use the space below to provide any other clarifying information:

_____