

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 2023-2024 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 9/1/23): _____

- 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: _____

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|---|--|--|
| <p>Type of School</p> <ul style="list-style-type: none"><input type="checkbox"/> Undergraduate (4-Yr)<input type="checkbox"/> Undergraduate (2-Yr)<input type="checkbox"/> Graduate/Professional<input type="checkbox"/> Other: _____ | <p>Course/Credit Load</p> <ul style="list-style-type: none"><input type="checkbox"/> Full-time status<input type="checkbox"/> Half-time status (or more)<input type="checkbox"/> Less than Half-time status<input type="checkbox"/> Other: _____ | <p>Expected Enrollment</p> <ul style="list-style-type: none"><input type="checkbox"/> Full year (Fall & Spring)<input type="checkbox"/> Fall Only<input type="checkbox"/> Spring Only<input type="checkbox"/> Other: _____ |
|---|--|--|

Use the space below to provide any other clarifying information:

Please provide expected enrollment information for your sibling or half-sibling for the 2023-2024 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: _____

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|---|--|--|
| <p>Type of School</p> <ul style="list-style-type: none"><input type="checkbox"/> Undergraduate (4-Yr)<input type="checkbox"/> Undergraduate (2-Yr)<input type="checkbox"/> Graduate/Professional<input type="checkbox"/> Other: _____ | <p>Course/Credit Load</p> <ul style="list-style-type: none"><input type="checkbox"/> Full-time status<input type="checkbox"/> Half-time status (or more)<input type="checkbox"/> Less than Half-time status<input type="checkbox"/> Other: _____ | <p>Expected Enrollment</p> <ul style="list-style-type: none"><input type="checkbox"/> Full year (Fall & Spring)<input type="checkbox"/> Fall Only<input type="checkbox"/> Spring Only<input type="checkbox"/> Other: _____ |
|---|--|--|

Use the space below to provide any other clarifying information:
