Sibling Scholarship Verification Form

Academic Year: _____ Semester: _____

Purpose: This form is used to verify eligibility for the Methodist University Sibling Scholarship. The scholarship is available to each dependent sibling who is concurrently enrolled full-time (minimum 12 credit hours) in an eligible on-campus program.

Student Information

Student Name: _____ Student ID# _____

Sibling Name:_____ Sibling ID# _____

Certification and FERPA Authorization

By signing below, we certify and acknowledge that:

- We are dependent siblings as defined by Methodist University policy.
- We are concurrently enrolled full-time (minimum 12 credit hours) in eligible on-campus programs.
- The information provided on this form is true, complete, and accurate.
- Methodist University may verify our enrollment status and eligibility through institutional records.
- By signing below, each student consents to Methodist University maintaining a copy of this form in the educational records of both students for purposes of determining and documenting eligibility for the Sibling Scholarship.

Student Signatures

Student A Signature	
Date	
Student B Signature	
Date	

Financial Aid Office Use Only

Dependent Sibling Relationship Verified	□ Yes □ No
Student A Enrolled Full-Time	□ Yes □ No
Student B Enrolled Full-Time	□ Yes □ No
Scholarship Approved	□ Yes □ No
Verified By	
Date	