



OFFICE OF FINANCIAL AID

2024-2025 Sibling Enrollment Worksheet

A. Husson University- Student Information

Last First MI

Address (include apt #) City State Zip

Date of Birth Student Email Address Student Cell Phone

B. Sibling (or other dependent) enrollment for 2024-2025

Please provide the following information for any dependent who is enrolled at least half time at an accredited college or university, and for whom the parent(s) pay college tuition, fees, housing, or dining costs.

Provide the name of the college being attended by any household member listed below, excluding parent(s).

Table with 5 columns: Full Name, Age, Relationship, College, Will be enrolled at least Half Time? Yes or No

C. Additional Information

Do you intend to ask for a financial aid adjustment at the other institution as well? Yes or No

D. Sign this worksheet

Each person signing below certifies that all the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Parent: Date:

Student: Date:

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.