



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Proof of Sibling Enrollment 2024-2025

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

Louisiana Tech University Student Information:

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN
STUDENT'S Local Address (include Apt. No.)			STUDENT'S Date of Birth (MM/DD/YYYY)
City	State	Zip Code	STUDENT'S Home Phone (Include area code)
STUDENT'S Email Address			STUDENT'S Cell Phone (Include area code)

Sibling Verification of Enrollment Information for College:

If the sibling is attending college (not Louisiana Tech University), they must be enrolled at least half-time in a valid professional degree program for Title IV purposes.

Please attach the following for each sibling enrolled:

- Proof of enrollment from the institution they are attending during 2024-2025
- A copy of their unofficial transcript from the institution they are attending.

SIBLING 1 Last Name	First Name	MI	Type of Degree Seeking:
Institution Attending			Term Start Date:
SIBLING 2 Last Name	First Name	MI	Type of Degree Seeking:
Institution Attending			Term Start Date:

CERTIFICATION STATEMENT:

- I certify the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation.
- I understand that I will be notified of the final decision through my campus e-mail.
- I understand that if the sibling(s) does not begin enrollment of at least half-time in a valid professional degree program the file will be adjusted to reflect the correct number of household members enrolled.

Student's Signature: _____ Date: _____

Sibling's Signature: _____ Date: _____

FOR OFFICE OF FINANCIAL AID STAFF USE ONLY

Valid Documentation Received: _____ Enrollment Verification Date (Clearinghouse): _____

Number to include in college: _____ Signature of Counselor: _____

COMMENTS

Financial Aid Counselor (Reviewer): _____ Date: _____