

# BENNINGTON COLLEGE

Bennington Student's Name: \_\_\_\_\_

## Confirmation of Sibling Enrollment Academic Year 2019-2020

\_\_\_\_\_  
Name of Sibling                      Date of Birth                      Social Security Number

is/will be enrolled as a greater than half-time student at

\_\_\_\_\_ in a program leading to  
Name of College or University

a \_\_\_\_\_ degree. Expected date of graduation is \_\_\_\_\_.  
Degree or Certificate, ex BA, etc.

The undersigned parent declares

\_\_\_\_\_ that the parent provides and will continue in 2019-2020 to provide more than half support for the  
(non-Bennington enrolled) student;

\_\_\_\_\_ that the parent gives permission for the Bennington Financial Aid Office to confirm the (non-  
Bennington) student's enrollment information through the National Student Database or  
directly with the college/university;

\_\_\_\_\_ that the parent will contribute approximately \$\_\_\_\_\_ to this student's education costs during  
the 2019-2020 academic year.

\_\_\_\_\_  
Parent Signature and Date

\_\_\_\_\_  
Bennington Student Signature and Date

\_\_\_\_\_  
Sibling Signature and Date