

BENNINGTON COLLEGE

Bennington Student's Name: _____

Confirmation of Sibling Enrollment Academic Year 2027-2028

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 2027-2028 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 2027-2028 academic year.

Parent Signature and Date

Bennington Student Signature and Date

Sibling Signature and Date