Office of Financial Aid
Bryn Mawr College
101 N. Merion Ave.
Benham Gateway
Bryn Mawr, PA 19010
610-526-5245

BRYN MAWR
COLLEGE

Certificate of Sibling Enrollment

Please return form to:
Office of Financial Aid: finaid@brynmawr.edu; or fax to: 610-526-5249

Bryn Mawr Student Name _____ Bryn Mawr ID _____

A. To Be Completed by Sibling of Bryn Mawr Student and submit to their school:

In order to verify information on my sibling's financial aid applications, I authorize the institution at which I am enrolled to release the information requested to Bryn Mawr College.

Sibling's Name: _____ ID: _____

Signature: _____ Date: _____

Please indicate the Name of the Post-Secondary Institution you will be attending during the 2026-2027 academic year and continue to Section B.

Name of Post-Secondary Institution: _____

B. To Be Completed by the Institution the Sibling is Attending, referenced in Section A.

A Bryn Mawr College student has indicated on their financial aid application that they have a sibling, who is referenced in Section A above, who will be attending your institution during the 2026-2027 academic year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification.

Please email this form to Bryn Mawr College at finaid@brynmawr.edu, once it has been completed in its entirety.

1. Expected Graduation Date: _____(Month/Year)

2. Enrollment Status: ☐ Full-Time ☐ Half-Time ☐ Less Than Half-Time ☐ Not Enrolled

3. Program of Study: ☐ Undergraduate ☐ Graduate ☐ Certificate ☐ Non-Degree

C. School Representative:

I certify that the above information is complete and accurate to the best of my knowledge.

Name of College Official: _____

Signature of College Official: _____ Date: _____

Title of College Official: _____

Email of College Official: _____

Phone Number: _____

Address of Institution: _____