

CLARK ATLANTA UNIVERSITY

SIBLING TUITION DISCOUNT VERIFICATION FORM

The students listed below are siblings and if eligibility is established, may qualify for the sibling tuition discount.

Date _____

Academic Year _____

SIBLING #1	
Name _____	Student ID Number _____
Current Mailing Address _____	

City, State, Zip _____	Current Phone Number _____

Mother's Name _____	Father's Name _____
Mailing Address _____	Mailing Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____

SIBLING #2	
Name _____	Student ID Number _____
Current Mailing Address _____	

City, State, Zip _____	Current Phone Number _____

Mother's Name _____	Father's Name _____
Mailing Address _____	Mailing Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____

For office use only			
1. Parents' Tax Return(From most recent year)	Date Rec'd _____		
2. Applicants' Birth Certificates	Date Rec'd _____		
3. Overall GPA	Sibling 1 _____ Sibling 2 _____		
4. Enrollment status	Sibling 1 _____ Sibling 2 _____		