

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 _____ | | |