

Clark Atlanta University
SIBLING TUITION DISCOUNT APPLICATION
2026-2027
APPLICATION DEADLINE: JULY 1, 2026

Clark Atlanta University up to a 33% family discount when there are multiple siblings simultaneously enrolled as dependent, full-time degree-seeking undergraduate students. All eligible students seeking to receive the family discount must adhere to the following guidelines:

- ▶ Complete the Sibling Discount Application and submit all required supporting documents to the Office of Scholarship & Awards email ONLY: scholarship@cau.edu (Note: Please put **Sibling Tuition Discount Application** in subject line of the email). (Note: Applications received after the deadline will not be considered). An application must be completed for each sibling every academic year.
- ▶ Enrolled as full-time, degree-seeking undergraduates. Graduate students are NOT eligible.
- ▶ Must be dependents of the same parent(s) and siblings must reside in the same household, per FAFSA and 1040 Tax Return.
- ▶ Have a cumulative GPA of 2.5 or higher.
- ▶ Submit a copy of parent(s) 2024 IRS 1040 Tax Return.
- ▶ Submit a copy of both student's birth certificates.

The family discount is issued once at the beginning of each Fall semester. Students entering during the Spring semester are not eligible and must apply for the following academic year by the deadline.

The Sibling Discount may **NOT** be combined with additional institutional scholarships and/or discounts. The students listed below are siblings and if eligibility is established, may qualify for the sibling tuition discount.

SIBLING #1:

Name:	CAU ID#:
Street Address:	Home Phone:
City, State, Zip:	Cell Phone:
Email Address:	

PARENT INFORMATION:

Mother's Name:	Father's Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home/Cell Phone #:	Home/Cell Phone #:
Email Address:	Email Address:

SIBLING #2:

Name:	CAU ID#:
Street Address:	Home Phone:
City, State, Zip:	Cell Phone:
Email Address:	

PARENT INFORMATION:

Mother's Name:	Father's Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home/Cell Phone #:	Home/Cell Phone #:
Email Address:	Email Address:

For Office Use Only:

2024 Parent(s) Tax Return Form: <input type="checkbox"/>	Date Received:
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:
Overall GPA Sibling 1:	Overall GPA Sibling 2:
Enrollment Status Sibling 1:	Enrollment Status Sibling 2:
Date Received:	Status Date:
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Missing information	Notes: