

Siblings Day 2018 Fee Waiver Application



Financial concerns should not be a barrier for students to spend time with their younger siblings in the university environment during Siblings Day. We invite families to submit a Siblings Day Fee Waiver Application to assist in subsidizing registration costs.

What are fee waiver funds?

Funds are available to waive costs and participate in UC San Diego's Siblings Day. The Siblings Day Fee Waiver funds the registration cost for up to 1 participant and 1 UC San Diego student. The Siblings Day Fee Waiver includes all events listed in the registration, free of cost.

Who can submit the application?

Parents/Guardians of current students interested in having a sibling attend Siblings Day 2018 are asked to submit the fee waiver application BEFORE registering online. Parent & Family Programs will work with the UC San Diego Financial Aid and Scholarships Office to confirm financial need and will respond directly to Parents/Guardians, if they meet the financial need criteria for the waiver. Parents/Guardians of current students will be notified by email if the fee waiver is approved, and only then you will receive additional instructions to register.

What happens if I am granted a fee waiver and do not use it?

There is a limited amount of fee waiver funds available and it is important that if you receive a fee waiver that you use it or cancel your registration with our office. Parents/Guardians approved for and or registered for Siblings Day who do not show up to the event and do not cancel in advance by Friday January 19th will be charged \$15 per person. Please let us know if anything changes in your schedule that may prevent you from participating in Siblings Day. Your advance cancellation could allow waitlisted participants to attend in your place.

Deadline:

The Siblings Day Fee Waiver is **AVAILABLE ON A FIRST COME, FIRST SERVE BASIS** and applications are accepted **until 4:30pm on Friday January 5, 2018** or **until the funds are disseminated**. WE HIGHLY ENCOURAGE YOU TO TURN IN THE REQUIRED FORM AS SOON AS POSSIBLE. Fee waiver applications will be reviewed on an ongoing basis beginning Monday, December 11, 2017. Please do not delay in taking advantage of this opportunity.

Submission Process:

The attached Fee Waiver Application is a "fillable" PDF form and can be sent via e-mail, postal mail, or fax to the following addresses:

EMAIL:
With Subject Line:
Siblings Day Fee Waiver
Application
EMAIL: parents@ucsd.edu

FAX:
(858) 534-5629

Questions/Information:

For more information, please contact the Parents' Helpline at (858) 534-7273 or parents@ucsd.edu.

**Please visit <http://parents.ucsd.edu> for more information on Siblings Day*

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Parent/Guardian Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone (Cell, Work): _____

E-Mail Address: _____

Reminder: Fee waivers are limited to 2 per family. One fee waiver is allowed for your UCSD student and the other for a participant.

Please list the family member's name attending Siblings Day under this waiver application:

Last Name: _____ First Name: _____ Age: _____

Please list the student's name and information attending Siblings Day under this waiver application:

Student Information

Last Name: _____ First Name: _____

Cell Phone: _____ E-Mail Address: _____

Student ID Number: A _____

Undergraduate College: _____ Current Class Standing: _____

Where does your student live? On-Campus Off-Campus Off-Campus (At home w/ family)

Is your student first-generation (neither parents of the student has a college degree): Yes No

Did your student transfer to UCSD? Yes No

Are the parents/guardians of this student UC San Diego Alumni? Yes No

If yes, **what year** did these individual(s) graduate from UC San Diego? _____

If yes, what is the **parent's maiden name**?

By signing below, I certify that the above information is true and correct. I understand that this application and all Siblings Day Fee Waiver information will remain strictly confidential. I understand that decisions will be based on the Expected Family Contribution determined by the 2017 FAFSA process, and that funding will be awarded on a first come, first served basis. Furthermore, I understand that I will be notified via email or phone of a decision by the UC San Diego Parent & Family Programs Office.

Signature: _____ Date: _____

**Please visit <http://parents.ucsd.edu> for more information on Siblings Day*