SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM  
2015-2016 Academic Year

The application you submitted for financial aid indicated that you have one or more siblings and/or a spouse who is attending college. **The sibling(s) and/or spouse must be enrolled at least half-time. Do not include your parents.** This information needs to be verified. Please complete Section One and Section Two of this form and forward it to your sibling’s or spouse’s college for completion of Section Three. This form must be submitted to the GW M.D. Program Financial Aid Office by October 1, 2015. Failure to submit this form will result in an adjustment to your M.D. Program Financial Aid Scholarship award.

Please note that your institutional aid may be reduced due to sibling non-enrollment.

This form is only to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2015-2016 academic year.

SECTION ONE – GW M.D. PROGRAM STUDENT INFORMATION

GW Student Name ____________________________  GWID # ____________________________

SECTION TWO – SIBLING/SPOUSE INFORMATION  
Note: Sibling/Spouse must be enrolled at least half-time.

___________________________________________________________________________
OR

___________________________________________________________________________

___________________________________________________________________________
OR

___________________________________________________________________________

SECTION THREE – SCHOOL CERTIFICATION

TO BE COMPLETED BY AUTHORIZED SCHOOL OFFICIAL ONLY Return this form to the address below or fax to 202-994-9488. Thank you.

Please verify that the student listed above in Section Two is currently enrolled at your institution. I hereby certify that the above student is enrolled (circle one): **Full-time**  **Part-time**  **Not Enrolled**

___________________________________________________________________________
Name of School ____________________________ City, State ____________________________

___________________________________________________________________________
Authorized School Personnel ____________________________ Title ____________________________ Contact Number ____________________________

Please return to:
Office of Student Financial Aid, 2300 I Street NW, Ross Hall-Suite 106, Washington, DC 20052
Phone: 202-994-2960 Fax: 202-994-9488 Email: medfinan@gwu.edu