



MD Program Office of Financial Aid
 2300 I St. NW, Ross Hall Room 106,
 Washington, DC 20052
medfinan@gwu.edu
 tel. 202.994.2960
 Fax. 202.994.9488

SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM

DEADLINE: OCTOBER 1, 2019

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 MD Program Financial Aid Office by **October 1, 2019**. Failure to submit this form will result in an adjustment to your MD 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 2019-2020 academic year.

SECTION ONE – GW MD PROGRAM STUDENT INFORMATION

 GW Student Name

 GWID #

SECTION TWO – SIBLING/SPOUSE INFORMATION

Note: Sibling/Spouse must be enrolled at least half-time.

 Sibling Name

OR

 Spouse Name

 School Name for (Sibling)

OR

 School Name for (Spouse)

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.

Name of Institution _____ Phone # _____

Fall 2019 Enrollment Status _____ Full-time _____ Half-time _____ Not Enrolled

Spring 2020 Enrollment Status _____ Full-time _____ Half-time _____ Not Enrolled

Is the student enrolled in a degree granting program? ___ Yes ___ No Degree type: _____

Expected Date of Graduation (month/year) _____

School Official Signature / Title: _____ Date: _____

Please return by October 1, 2019 to:
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