



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

**APPLICATION FOR NEED-BASED AID
 PRIORITY DEADLINES:**

Incoming Students March 1, 2019
 Returning Students May 1, 2019

Please answer **all** of the questions contained in this application. Failure to answer any of the questions may lead to a delay in your being awarded need-based aid or your application being denied. If a question is not applicable please write in NA. At the end of this application you will be asked to certify your responses. Please submit this form via U.S. postal Service or fax for the most secure transmission. Applications sent via e-mail are less secure.

SECTION A. APPLICANT INFORMATION

1. Student's Name _____
2. Student's GWID _____
3. Student's e-mail address _____
4. Student's Permanent Address _____
5. Student's Local Address _____
6. Student's local telephone/cell phone number _____
7. Student's Marital Status: Single _____ Married _____ Date of Marriage _____ No. of Children _____
8. Have you received loans to attend the MD program before? ____ Yes ____ No
9. What class will you be in in the 2019-2020 year? ____ 2020 ____ 2021 ____ 2022 ____ 2023
10. As an undergraduate student did you receive a Pell Grant? _____ Yes _____ No

SECTION B. STUDENT RESOURCES

11. Do you intend to obtain federal loans to finance your education in the 2019-2020 academic year? ____ Yes ____ No
12. Please estimate the following items for the entire 2019-2020 academic year:
 Financial assistance from parents, relatives or friends (gifts or loans) \$ _____
13. Will you live with your parent or a family member during the 2019-2020 academic year? ____ Yes ____ No
14. Are you currently receiving or have you applied for a military scholarship? ____ Yes ____ No
 Which Branch? ____ Air Force ____ Army ____ Navy
Has this scholarship been granted? ____ Yes ____ No

15. Are you currently receiving or have you applied for a National Health Service Corps (NHSC) Scholarship?

__Yes __ No

Has this scholarship been granted? ____ Yes ____ No

16. What **outside** resources are you seeking for 2019-2020 (do not include federal student loans)?

Source	Type (loan or Scholarship)	Amount Source	Has this been guaranteed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C. INCOME INFORMATION-STUDENT (THE APPLICANT) (AND SPOUSE IF APPLICABLE)

17. I/we have provided photocopies of my/our 2017 federal income tax forms with all schedules and W2s.

I/we were not required to file a 2017 tax return, please check one of the following:

**If you check this box, you must complete and submit the 2019-2020 Non-Filing Student Statement*

received no taxable income.

Taxable income received was less than amount required for filing.

Amount of income: \$ _____ Source: _____

You must submit your W2 and/or 1099 form

Other, please explain _____

18. Student's (and spouse's) Expected Income and Benefits for 2019

Write in the amount of income that you (and your spouse) made or expect to have earned in 2019. Include wages, salaries, tips and other taxable income as well as untaxed income and benefits. Please include any stipend (i.e. Military, NHSC). Do not include student loans. Write "0" if you (and your spouse) do not expect to have any income earned from work during the 2019 tax year.

	Summer 2019	Academic Year 2019-2020
Students expected income for 2019	(3 mos.) \$	\$
Spouse's expected income for 2019	(3 mos.) \$	\$
2019 other taxable income:		\$
2019 untaxed income and benefits:		\$

SECTION D. STUDENT AND SPOUSE'S ASSETS

19. Cash, savings and checking accounts \$ _____

20. Total value of IRA, Keogh, 401K, 403b, accounts as of December 31, 2018 \$ _____

For questions 21-24 please use zeros for fields that do not apply to your asset portfolio.

	What is it worth today?	What is owed on it?
21. Investments	\$	\$
22. Home/Domicile (Renters write "0")	\$	\$
23. Other Real Estate/Investment Properties	\$	\$
24. Business and Farm	\$	\$

25. If a farm was included in the table, is the student living on the farm? ____ Yes ____ No

26. If you own a home please indicate: a. Year Purchased _____ b. Purchase Price \$ _____
c. Monthly Mortgage Payment \$ _____

SECTION E. STUDENT'S TRUST AND 529 PLAN INFORMATION

27. Total Value of the Trust/529 Plan \$ _____

28. Is any income or part of the principal currently available? ____ Yes ____ No

29. Who established the Trust/529 Plan? _____ Student's Parents _____ Other

SECTION F. STUDENT'S HOUSEHOLD INFORMATION

30. In the chart below, give information for all family members being **supported by the student**. **Include the student's information on line 1.** In the first column list the people that you (and your spouse) will support in 2019-2020. Include yourself, your spouse, your dependent children, and other people. If there are more than 7 family members, list them on a separate sheet.

Name (list student on line 1)	Age	Relationship to student	At least half-time in college in 2019-2020 Check one	Name of Institution Attended
1.			<input type="checkbox"/> yes <input type="checkbox"/> no	
2.			<input type="checkbox"/> yes <input type="checkbox"/> no	
3.			<input type="checkbox"/> yes <input type="checkbox"/> no	
4.			<input type="checkbox"/> yes <input type="checkbox"/> no	
5.			<input type="checkbox"/> yes <input type="checkbox"/> no	
6.			<input type="checkbox"/> yes <input type="checkbox"/> no	
7.			<input type="checkbox"/> yes <input type="checkbox"/> no	
Total household members:				

SECTION G. FINANCIAL AID HISTORY- DO NOT LEAVE BLANK IF YOU HAVE HAD STUDENT LOANS.

31. What is your total federal student loan debt outstanding as of today? \$ _____
(Use <https://nslds.ed.gov> to find the answer)

32. What is your total private student loan debt as of today? \$ _____ (pull your credit report at www.annualcreditreport.com to find the answer)

33. Please list your student loans or attach a copy of your NSLDS Summary (If you received a Pell Grant you must attach a copy of your NSLDS Summary).

<i>Type of loan</i>	<i>Academic Year Received</i>	<i>Servicer's Name</i>	<i>Amount Owed</i>

SECTION H: PARENT INFORMATION

PARENT(S) COMPLETE THIS SECTION ONLY IF THE STUDENT IS APPLYING FOR GW NEED-BASED AID. PARENTS MUST ALSO COMPLETE THE PARENT SECTIONS OF THE 2019-2020 FREE APPLICATION FOR FEDERAL STUDENT AID.

PLEASE BE SURE TO INCLUDE THE STUDENT/APPLICANT’S NAME AND GWID ON ALL FORMS SUBMITTED TO OUR OFFICE. IN ADDITION, BOTH NATURAL / ADOPTIVE PARENTS MUST SUBMIT A COPY OF THEIR 2017 TAX RETURN (INCLUDING ALL SCHEDULES) ALONG WITH THE W-2 FORM(S) DIRECTLY TO OUR OFFICE.

34. What is the marital status of the student’s/applicant’s natural/adoptive parents?
 Married Widowed Divorced Separated Never Married

Natural Father/Adoptive Father’s name _____
 Home address _____
 Occupation _____ Employer _____

Natural Mother/Adoptive Mother’s name _____
 Home address _____
 Occupation _____ Employer _____

35. DIVORCED/SEPARATED PARENTS (To be completed by natural/adoptive parent or legal guardian)

Date of Divorce/Separation _____
 Who last claimed the student as a tax dependent? _____ Tax year _____
 Which parent information is included on this form? _____

Note: Financial information is required of both natural/ or adoptive parents, even if the parents are separated or divorced. If divorced, one parent should complete the parent sections of the FAFSA and the parent section of this need-based aid application with the student/applicant. The other parent should complete the parent section of a paper FAFSA form (<https://studentaid.ed.gov/sa/sites/default/files/2019-20-fafsa.pdf> with the Non-custodial Parent Statement (this form may be found on our forms page, here: <https://smhs.gwu.edu/fin-aid/forms>) and submit them directly to our office.

36. If there are any special circumstances such as adoption issues, please attach a separate sheet with an explanation.

Parent Household Information

37. In the chart below, give information for all family members being **supported by the parent(s)**. In the first column list the people that you (and your spouse) will support in 2019-2020. Include yourself, your spouse, your dependent children, and other people. If there are more than 7 family members, list them on a separate sheet.

Name (list student on line 1)	Age	Relationship to student	At least half-time in college in 2019-2020 Check one	Name of Institution Attended (note: each sibling of the student must submit a sibling enrollment verification form, due Oct. 1)
1.			<input type="checkbox"/> yes <input type="checkbox"/> no	
2.			<input type="checkbox"/> yes <input type="checkbox"/> no	
3.			<input type="checkbox"/> yes <input type="checkbox"/> no	
4.			<input type="checkbox"/> yes <input type="checkbox"/> no	
5.			<input type="checkbox"/> yes <input type="checkbox"/> no	
6.			<input type="checkbox"/> yes <input type="checkbox"/> no	
7.			<input type="checkbox"/> yes <input type="checkbox"/> no	
Total household members: _____				

38. The Office of Financial Aid can discuss my financial information and/or situation with my son or daughter.

Yes No If no, please let us know how we may contact you:

Phone: _____ Email: _____

Please answer the following questions about your **expected 2019** income.

- 39. 2019 Income earned from work (Father) \$ _____
- 40. 2019 Income earned from work (Mother) \$ _____
- 41. 2019 Other taxable income \$ _____
- 42. Social Security Benefits \$ _____
- 43. Aid to Families with Dependent Children \$ _____
- 44. Other Untaxed income or benefits \$ _____

45. Value of cash, savings and checking accounts as of today \$ _____

46. Total value of IRA, Keogh, 401K, 403b, accounts as of December 31, 2018 \$ _____

For questions 47-50 please insert zeros where appropriate, please do not leave any field blank.

	What is it worth today?	What is owed on it?
47. Investments	\$ _____	\$ _____
48. Home/Domicile (Renters write "0")	\$ _____	\$ _____
49. Other Real Estate/Investment Properties	\$ _____	\$ _____
50. Business and Farm	\$ _____	\$ _____

51. Total number of properties owned, excluding primary residence: _____

52. If a farm was included in the table, is the student living on the farm? ____ Yes ____ No

53. If you own a home please indicate: a. Year Purchased _____ b. Purchase Price \$ _____
c. Mortgage payment \$ _____ d. Annual property tax paid \$ _____

54. Please list the vehicle make, model and year, the value and amount owned on the vehicle, include zeros if you do not own a vehicle (s):

<i>Make, Model, Year of Vehicle</i>	<i>Value as of 12/31/18</i>	<i>Amount owed on Vehicle</i>

Parent(s) signature _____ date _____

_____ date _____

NOTE: Both parents must provide a wet signature; electronic signatures will not be accepted. If parents are divorced/separated, parent whose information is included on this form must sign here, the other parent must complete and sign the Non-Custodial Parent Form.

STUDENT CERTIFICATION

I certify that I will use any money I receive from federal or institutional programs only for expenses related to my studies in The George Washington University School of Medicine and Health Sciences MD Program. I also certify that I do not owe a refund on a grant received under the Pell Grant, Supplemental Educational Opportunity Grant or the State Incentive Grant programs. I also certify that I am not in default on any loan, and have not borrowed in excess of the loan limits under the Title IV program at any institution. If I have borrowed in excess of loan limits I certify that I have made satisfactory arrangements with my servicer to repay the overpayment.

I certify that the information I have provided on this form is true and complete. I further certify that I will notify the GW MD Program Office of Student Financial Aid if there are any changes in my information, at any time during the academic year that may affect my financial situation. I understand that the death of a parent or a change in marital status may have an impact on my financial aid status and must be reported.

I understand that the George Washington University School of Medicine and Health Sciences reserves the right to review or modify financial aid commitments at any time because of changes in my financial, marital, or academic status (including satisfactory academic progress) or changes in the availability of GW MD Program institutional funds.

I also understand that it is my responsibility to pay my university obligations (tuition, etc.) in a timely manner according to published deadlines and that failure to do so may result in my being prevented from registering for a subsequent semester, as well as the possible cancellation of my enrollment at The GW School of Medicine and Health Sciences.

Student Signature _____ Date _____

(NOTE: Electronic signatures will not be accepted.)

Spouse's Signature _____ Date _____

(NOTE: Electronic signatures will not be accepted.)

WARNING! To receive any Title IV financial aid (Unsubsidized Loans or Graduate PLUS Loans) required items indicated on GWEB must be listed as complete/satisfied. If requested by the MD Program Office of Financial Aid, and noted on your Student Aid Report, you must complete the Statement of Educational Purpose, and/or Certification Statement on Refunds and Default, and/or you must be registered with the Selective Service (if you are required to register), and/or submit passport or Certification of Naturalization. If you purposely give false or misleading information, you will jeopardize receipt of current awards and future consideration of assistance from The George Washington University School of Medicine and Health Sciences. You may also be subject to a fine of up to \$20,000 and/or imprisonment, for making false statements on Department of Education forms.