



**MD Program Office of Financial Aid**  
 2300 I St. NW, Ross Hall Room 106,  
 Washington, DC 20052  
[medfinan@gwu.edu](mailto:medfinan@gwu.edu)

tel. 202.994.2960  
 Fax. 202.994.9488

**STUDENT STATEMENT OF NON OR LATE TAX FILING 2019-2020**  
**PRIORITY DEADLINES:**

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

This form must be completed by students who are applying for GW Need-based aid, and unable to provide his/her (and spouse if applicable) 2017 federal income tax forms. (This form may be copied)

**PLEASE NOTE: No institutional aid will be awarded until all required documents have been submitted.**

*Please Print*

\_\_\_\_\_

Student's Last Name	First Name	Middle Initial	GWID #
---------------------	------------	----------------	--------

Please check the following if a copy of the student's 2017 federal income tax forms and all schedules **HAVE NOT** been provided to the MD Program Office of Financial Aid.

\_\_\_ I/we certify that I/we **did not file** a 2017 federal income tax return. Please indicate how you supported yourself during 2017 using the following sources.

*\*There must be a dollar amount and source listed if no federal tax return will be filed. If incomplete, you will be notified.\**

<b>Wages, salaries, tips, etc.</b>	\$ _____	<b>Veteran's Benefits</b>	\$ _____
<b>Dividends</b>	\$ _____	<b>Scholarships</b>	\$ _____
<b>Interest</b>	\$ _____	<b>Other (specify)</b>	
<b>Social Security Benefits</b>	\$ _____	_____	\$ _____
<b>Child Support</b>	\$ _____	<b>Other (specify)</b>	
<b>Welfare, TANF</b>	\$ _____	_____	\$ _____

\_\_\_ I/we certify that we **were not required** to file a 2017 federal income tax return.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
**MD Program Office of Financial Aid, 2300 I Street NW, Ross Hall-Suite 106, Washington, DC 20037**  
**Phone: 202-994-2960 Fax: 202-994-9488 Email: medfinan@gwu.edu**