**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

**PARENT STATEMENT OF NON TAX FILING 2019-2020**
**PRIORITY DEADLINES:**
Incoming Students March 1, 2019
Returning Students May 1, 2019

This form must be completed by the parent of a student 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 parent'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.**

| | | | |
|---|---|---|---|
| **Wages, salaries, tips, etc.** | **$_____** | **Veteran's Benefits** | **$_____** |
| **Dividends** | **$_____** | **Scholarships** | **$_____** |
| **Interest** | **$_____** | **Other (specify)** | |
| **Social Security Benefits** | **$_____** | **_____** | **$_____** |
| **Child Support** | **$_____** | **Other (specify)** | |
| **Welfare, TANF** | **$_____** | **_____** | **$_____** |

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

Parent's Signature _____ Date _____

Parent 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**