



APPLICATION FOR NEED-BASED AID

PRIORITY DEADLINES:

Incoming Students April 2, 2024

Returning Students May 1, 2024

NOTE: For the 2024-2025 academic year, you must use 2022 tax information to complete the FAFSA and all need-based forms.

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 offered 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. You may file a [Type 2 Appeal](#) if you or your parents have experienced a significant decrease in income or assets from the 2022 tax year. **Please use this secure link <https://gwu.app.box.com/f/3a87da6d669f4663bc7a5fb35234511f> to submit documents in PDF format.** If you have issues using the link, you may send your password protected PDF files to medfinan@gwu.edu. Please black out all SSN's.

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___ Divorced___ Married___ Date of Marriage_____ No. of Children___
- 8. What class will you be in in the 2024-2025 year? ___2025___2026___2027___2028
- 9. As an undergraduate student did you receive a Pell Grant? _____Yes _____No

SECTION B. STUDENT RESOURCES

- 10. Do you intend to obtain federal loans to finance your education in the 2024-2025 academic year? ___Yes ___No
- 11. Please estimate the following items for the entire 2024-2025 academic year:
 Financial assistance from parents, relatives or friends (gifts or loans) \$_____

Failure to disclose outside resources may reduce your need-based aid eligibility in a subsequent aid year.
- 12. Are you currently receiving or have you applied for a military/service commitment scholarship? ___Yes ___No
 Which Branch? ___Air Force ___Army___ Navy ___VA ___National Health Service Corp (NHSC)
Has this scholarship been granted? ___ Yes ___ No

13. Do you expect to receive a Health Careers Opportunity Program (HCOP) scholarship for the 2024-2025 year?

Yes No, Amount of Funding Expected: \$ _____

14. What **other outside** resources are you seeking for 2024-2025 (do not include federal student loans)?

In the space below please list the name of the resource, if it is a loan or scholarship, the amount in US dollars and if the award has been confirmed.

1. _____
2. _____
3. _____

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

15. I/we filed federal income taxes for 2022 and have provided copies of my/our forms with all schedules and W2s.

I/we were not required to file a 2022 tax return and **did not** file federal taxes for 2022, for one of the following:

**If you check this box, you must complete and submit the 2024-2025 Non-Filing Student Statement as well as the IRS Verification of Non-filing Letter.*

Received no taxable income

Taxable income received was less than amount required for filing

Amount of taxable income: \$ _____ Sources _____

**you must submit your 2022 W2's and/or 1099 forms*

Other or Untaxed Income: \$ _____ Sources _____

16. Student's (and spouse's) Expected Income and Benefits for 2024

Write in the annual amount of income that you (and your spouse) made or expect to have earned in 2024. 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 2024 tax year.

Students expected income for 2024 \$ _____

Spouse's expected income for 2024 \$ _____

2024 other taxable income: \$ _____

2024 untaxed income and benefits: \$ _____

SECTION D. ASSET NFORMATION-STUDENT (AND SPOUSE IF APPLICABLE)

17. Cash, savings and checking accounts \$ _____ (exclude funds in savings dedicated to paying for educationally related expenses for the 2024-2025 academic year. E.g. rent)

18. Total value of IRA, Keogh, 401K, 403b, accounts as of **December 31, 2023** \$ _____

For questions 19-22 please use zeros for fields that do not apply to your asset portfolio.

19. Investment value today? \$ _____ Amount owed? _____
20. Home/Domicile (Renters write \$0) value today? _____ Amount owed? _____
21. Other Real Estate/ Investment Properties value today? _____ Amount owed? _____
22. Business and Farm value today? _____ Amount owed? _____
23. If a farm was included above, is the student living on the farm? ____ Yes ____ No
24. If you own a home please indicate: a. Year Purchased _____ b. Purchase Price \$ _____
c. Monthly Mortgage Payment \$ _____
d. Annual property tax, if not included in the mortgage escrow \$ _____

SECTION E. STUDENT'S TRUST AND 529 PLAN INFORMATION

25. Total Value of the Trust/529 Plan \$ _____
26. Is any income or part of the principal currently available? ____ Yes ____ No
27. Who established the Trust/529 Plan? ____ Student's Parents ____ Other

SECTION F. STUDENT'S HOUSEHOLD INFORMATION

28. Number of family members **supported by the student within the student's household for the 2024-25 academic year (include yourself)**? _____

- a. Family member 1 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____
- b. Family member 2 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____
- c. Family member 3 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____
- d. Family member 4 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____
- e. Family member 5 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____
- f. Family member 6 name _____ Age ____ Relationship _____
Enrolled half-time or more in college ____ Yes ____ No, Name of College _____

*If there are more than 6 family members, list them on a separate sheet. Submit a [sibling/spouse verification form](#) if your spouse, or a dependent, is enrolled in college at least half-time.

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

29. What is your total federal student loan debt outstanding as of today? \$ _____
(Use <https://studentaid.gov> to find the answer)
30. What is your total private student loan debt as of today? \$ _____ (pull your credit report at www.annualcreditreport.com to find the answer)
31. Attach a copy of your [StudentAid](#) Snapshot (If you received a Pell Grant you must attach a copy of your Studentaid.gov Snapshot).

SECTION H: PARENT INFORMATION

Both Natural/ Adoptive parents must submit a copy of their 2022 Federal Tax Return, all schedules and W2 form(s). Parents with foreign income who file a foreign tax return or have income from a foreign country must submit either their translated foreign tax return or their last 2 most recent months of certified bank statements, as applicable. Please review the [Type 1 appeal](#) if there is an absence of parental financial information. Submit all requirements to our office using the secure link: <https://gwu.app.box.com/f/3a87da6d669f4663bc7a5fb35234511f> . Please be sure to include the student/applicants name and GWID on all forms submitted to our office.

32. What is the marital status of the student's/applicant's natural/adoptive parents?

Married Widowed Divorced Separated Never Married

Natural/Adoptive Parent 1 Name _____
Home address _____ City _____ State _____
Occupation _____ Employer _____

Natural/Adoptive Parent 2 Name _____
Home address _____ City _____ State _____
Occupation _____ Employer _____

33. 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's 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 section of this need-based aid application with the student/applicant. The other parent must submit the required non-custodial parent information.

Non-Custodial Parents Need Based Aid Application must be submitted to our office using this secure link:
<https://gwu.app.box.com/f/3a87da6d669f4663bc7a5fb35234511f>

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

35. Parent Household Information

36. Number of family members **supported by the parent in the parent's household for the 2024-25 academic year (include the MD student)**? _____

a. Family member 1 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

b. Family member 2 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

c. Family member 3 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

d. Family member 4 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

e. Family member 5 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

f. Family member 6 name _____ Age _____ Relationship _____
Enrolled half-time or more in college ___ Yes ___ No, Name of College _____

*If there are more than 6 family members, list them on a separate sheet. Submit a [sibling/spouse verification form](#) if your siblings will be enrolled in college at least half-time.

36. The Office of Financial Aid can discuss my financial information and/or situation with my child.

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

Phone: _____ Email: _____

Note: Students who wish to provide financial aid account FERPA access to their parents, or a third-party, must submit a [Student Consent Form](#).

For questions 37-42 answer based on your **expected 2024** income, insert zeros where appropriate. Please do not leave any field blank. Please include foreign income converted to US dollars.

- 37. 2024 Income earned from work (Parent 1) \$ _____
- 38. 2024 Income earned from work (Parent 2) \$ _____
- 39. 2024 Other taxable income \$ _____
- 40. Social Security Benefits \$ _____
- 41. Aid to Families with Dependent Children \$ _____
- 42. Other Untaxed income or benefits \$ _____
- 43. Value of cash, savings and checking accounts as of **today** \$ _____
- 44. Total value of IRA, Keogh, 401K, 403b, accounts as **12/31/2023** \$ _____

For questions 45-48 insert zeros where appropriate, please do not leave any field blank.

- 45. Investment value today? \$ _____ Amount owed \$ _____
- 46. Home/Domicile (Renters write \$0) value today? \$ _____ Amount owed \$ _____
- 47. Other Real Estate/ Investment Properties value today? \$ _____ Amount owed \$ _____
- 48. Business and Farm value today? \$ _____ Amount owed \$ _____

Property Information

- 49. Total number of properties owned, **including** primary residence: _____
- 50. If a farm is owned, is the student living on the farm? ____ Yes ____ No
- 51. If you own a home please indicate: a. Year Purchased _____ b. Purchase Price \$ _____
c. Mortgage payment \$ _____
d. Annual property tax, if not included in the mortgage escrow \$ _____
**If you entered amounts on these lines, please be sure to complete number 46 above.*
- 52. How many vehicles do you own? _____
a. What is the total value for all vehicles owned? \$ _____
b. What is the total owed for all vehicles owned? \$ _____

Certification

I/we certify that the information I/we have provided on this form is true and complete. I/we further authorize the GW SMHS Office of Financial to utilize this information for the purposes of student financial aid need analysis.

Parent 1 signature _____ Date _____

Parent 2 signature _____ Date _____

NOTE: Both parents must provide an Adobe Certified signature if a hand signature is not possible. 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 SMHS 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 understand the deadline to submit a completed application for need-based aid is August 5, 2024.

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: Please use an Adobe Certified signature if a hand signature is not possible.)

Spouse's Signature _____ Date _____
(NOTE: Please use an Adobe Certified signature if a hand signature is not possible.)

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 SMHS Office of Financial Aid, and noted on your FAFSA submission summary, you must complete the Statement of Educational Purpose, and/or Certification Statement on Refunds and Default, and/or submit passport or Certification of Naturalization. If you purposely give false or misleading information, you will jeopardize receipt of current financial aid offers and future consideration of assistance from The George Washington University School of Medicine and Health Sciences. You may also be subject to a fine and/or imprisonment, for making false statements on Department of Education forms.

The George Washington University does not unlawfully discriminate against any person on any basis prohibited by federal law, the District of Columbia Human Rights Act, or other applicable law, including without limitation, race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity or expression. This policy covers all programs, services, policies, and procedures of the university, including admission to education programs and employment.

Inquiries concerning this policy and federal and local laws and regulations concerning discrimination in education and employment programs and activities may be directed to the university's Office of Equal Employment Opportunity and Affirmative Action, 2013 H Street, NW, 3rd Flr Washington, DC 20006, 202-994-9656, eeo@gwu.edu. Inquiries may also be directed to the US Department of Education Office for Civil Rights, the US Equal Employment Opportunity Commission, or the applicable state or local agency (for example, the District of Columbia Office of Human Rights).

Questions regarding protections against discrimination on the basis of sex may be directed to the university's Title IX Coordinator, the Vice Provost for Diversity and Inclusion, Building YY, 812 20th St. NW, Washington, DC 20052, 202-994-7434.

Questions regarding the protections against discrimination on the basis of disability may be directed to the university's Disability Services Coordinators. Students may contact the Associate Dean of Students, Administrative Services, Office of the Dean of Students, 1918 F St. NW, Washington, DC 20052, 202-994-6710, and other members of the university community may contact the Executive Director of Equal Employment Opportunity and Affirmative Action, 2013 H Street, NW, 3rd Flr Washington, DC 20006, 202-994-9656, eeo@gwu.edu.

To request disability accommodations, students should contact the Office of Disability Support Services, Rome Hall, 801 22nd Street, NW Suite 102, Washington, DC 20052 at 202-994-8250 or dss@gwu.edu. Employees and other members of the university community should contact the Office of Equal Employment Opportunity and Affirmative Action at 202-994-9656 or eeo@gwu.edu

Security Information: GW is committed to assisting all members of the GW community in providing for their own safety and security. Information regarding campus security and personal safety including crime prevention, university police enforcement authority, crime reporting policies, crime statistics for the most recent three-year period, and disciplinary procedures is available at <https://police.gwu.edu/annual-security-fire-safety-report>. To obtain a booklet containing this information, please contact: University Police Department; The George Washington University; 2145 G Street, NW or by calling (202) 994-2344.