

**2009-2010 GW Financial Aid Application  
For Continuing Undergraduate Students**

In order for the GW Office of Financial Assistance (OSFA) to begin the renewal of financial aid process for continuing students, this Financial Aid Application must be completed and submitted to our office by the date identified below. *Please follow the directions carefully and answer all questions completely. Failure to complete the application in full or failure to submit it by the due date will cause a delay of the financial aid review process and result in a late award notification.* If you have questions regarding this form or any other area of the financial aid process, please refer to the contact information on the information sheet accompanying this application.

**Submission Deadline  
Friday, April 24, 2009**

**SECTION I – GENERAL STUDENT INFORMATION**

1. Name \_\_\_\_\_ 2. GWid G \_\_\_\_\_  
Last First M.I. Former Last

3. Date of Birth \_\_\_\_\_ 4. Local/Cell Phone Number \_\_\_\_\_

5. University E-mail Address \_\_\_\_\_@gwu.edu **If your e-mail address is something other than GW, you must sign up for a GW account or establish a forwarding connection as important information will periodically be sent via the University's e-mail system.**

**If Married:**

7. Spouse \_\_\_\_\_ 8. S.S.N. \_\_\_\_\_  
Last First M.I. Maiden

9. Date of Marriage: Month \_\_\_\_\_ Year \_\_\_\_\_ 10. May we discuss your file with your spouse?  Yes  No

**2009-2010 Enrollment Information:**

11. Will you be enrolled in a Distance Education Program?  Yes  No If yes, how many credits/hours? \_\_\_\_\_  
*Please note, many Distance Ed. Programs are NOT eligible for either Federal or Institutional aid. For details please refer to www.gwired.gwu/finaid*

12. Month and year you expect to complete your first Bachelor's Degree: Month \_\_\_\_\_ Year \_\_\_\_\_

13. Number of credits you expect to register each semester: Fall '09 \_\_\_\_\_ Spring '10 \_\_\_\_\_ Summer '10 \_\_\_\_\_

14. Housing plans for 2009-2010:  University Campus Housing  Off-campus  Parents  Relatives

**SECTION II – PARENT INFORMATION**

1. Are your parents separated or divorced?  Yes  No If yes, please answer questions 2 and 3

2. Who is your custodial parent?  Father  Mother 3. Has your custodial parent remarried?  Yes  No

4. Mother/Stepmother 5. Father/Stepfather

Name \_\_\_\_\_ Name \_\_\_\_\_  
Last First M.I. Last First M.I.

Address \_\_\_\_\_ Address \_\_\_\_\_  
Number Street Apt. No. Number Street Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work Home Work

**FEDERAL RIGHT TO PRIVACY NOTIFICATION FOR ALL STUDENTS:**

6. If your custodial parent or legal guardians call our office, may we discuss your financial aid file and correspond with them?  Yes  No

7. May we discuss your file with your non-custodial parent?  Yes  No\*

*\*If you choose no, only you and your identified custodial parent will be able to discuss your file with our office. GWAPP*

**SECTION III – RESOURCE INFORMATION**

**Additional Financial Resources:**

1. Are there any scholarships, grants, state grants, fellowships, assistantships, tuition awards, athletic grants-in-aid, fee remissions, resident assistantships, teacher internships, co-op sponsor payments, etc., NOT ADMINISTERED BY THE OFFICE OF STUDENT FINANCIAL ASSISTANCE that you are likely to receive during the 2009-2010 academic year? If so, please list the awards below. Please note, if you receive aid from somewhere other than the Office of Student Financial Assistance, notify us immediately. Failure to do so may result in the loss of financial aid.

Name and type of award	Granting agency or department	Amount

**2009-2010 Family Grant Information:**

2. Do you have any siblings attending GW as a full-time student in an undergraduate degree program? \_\_\_ Yes \_\_\_ No

Sibling's Name: \_\_\_\_\_ GWid G \_\_\_\_\_

**GW Employee Information:**

3. Are any of your relatives employed full-time or permanent part-time by The George Washington University or Medical Center? \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

4. Will you be eligible for dependent tuition benefits? \_\_\_ Yes \_\_\_ No

5. Not including work study, are you a part-time employee of GW? \_\_\_ Yes \_\_\_ No      If yes, number credits you receive: \_\_\_\_\_

**SECTION IV – CERTIFICATION OF ACCURACY AND UNDERSTANDING**

I certify that the information provided on this application is correct and to the best of my knowledge. I understand that the financial aid package offered to me by the Office of Student Financial Assistance will be adjusted to accommodate outside aid received for the academic year. I understand that any financial aid package is contingent upon meeting the academic requirements for the awards as detailed on my Award Notification and in the document "Satisfactory Academic Progress Requirements for Financial Aid Recipients." I also understand that I am required to re-apply for financial aid annually. I further understand that I must submit all documents to the Office of Student Financial Assistance (including the PROFILE and FAFSA to the processing agencies) according to the deadlines in this application. If I miss the priority deadline, I will not receive University assistance once all of the University's funds have been expended, and I will have no basis for appeal.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WARNING! THIS FORM IS USED IN ESTABLISHING ELIGIBILITY FOR FEDERAL STUDENT AID FUNDS. INTENTIONALLY FALSE STATEMENTS OR MISREPRESENTATIONS MAY SUBJECT YOU TO FINE OR IMPRISONMENT, OR BOTH, AND WILL ELIMINATE YOU FROM RECEIVING CONSIDERATION FOR ASSISTANCE FROM THE UNIVERSITY.

**UNIVERSITY POLICY ON EQUAL OPPORTUNITY**

The George Washington University does not unlawfully discriminate any person on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or sexual orientation. This policy covers all programs, services, policies and procedures of the University, including admission to education programs and employment. The University is subject to the District of Columbia Human Rights Law.

Inquiries concerning the application of this policy and federal laws and regulations concerning discrimination in education or employment programs may be addressed to the Chief Human Resources Officer, Office of the Chief Human Resources Officer, 2033 K Street NW, Suite 220, Washington, DC 20052, (202) 994-9600, or to the Assistant Secretary for Civil Rights of the U.S. Department of Education.

Disabled individuals who require special information should contact the Office of Disability Support Services at (202) 994-8250 (TDD/Voice).