



Verification of Sibling/Spouse/Dependent Child Enrollment 2008-2009 Academic Year

GW student: _____ GW ID: _____

This form is required for each sibling/spouse/dependent child of a GW student who was listed on the PROFILE and/or FAFSA as being in the household and in college. Family members in college must be enrolled at least half-time in a degree or certificate program at a post-secondary institution eligible to receive federal funds. Siblings must be considered dependent for financial aid at their institution. Notify our office immediately of any changes to the PROFILE and FAFSA information as aid adjustments may be necessary.

Please have the **Financial Aid Office** complete a separate form for each student. Make copies if necessary.

Family Section

Relationship to the GW Student (please check one): Sibling Spouse Dependent Child

Sibling/Spouse/Dependent Child Name: _____

Social Security Number: _____ Birthday of Sibling/Spouse/Dependent Child: _____

College/university which sibling/spouse/dependent child will attend in 2008-09: _____

I authorize the above named college/university financial aid office to release the following information to The George Washington University.

Sibling/Spouse/Dependent Child Signature

Date

Enrollment Verification: To Be Completed By Sibling's/Spouse's/Dependent Child's School

The student named in the Family Section is (please check one): Full Time 1/2 Time Less Than 1/2 Time

Enrolled in a: Degree
 Certificate
 Non-Degree program for the _____ of the 2008-2009 Academic Year.

The student is: An undergraduate receiving aid as: Independent Dependent Not an aid applicant.
 A graduate student

Total Budget: \$ _____ Parental/Family Contribution: \$ _____

Signature of Financial Aid Officer

Date

Type/Print Name and Title of Financial Aid Officer

Phone No.

ED Code

Return completed form to :

The George Washington University
Office of Student Financial Assistance
800 21st Street, NW
Washington, DC 20052
FAX: 202-994-0906

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