



2009-2010 VERIFICATION OF SIBLING/SPOUSE/DEPENDENT CHILD ENROLLMENT

STUDENT FINANCIAL ASSISTANCE

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/OR 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.

GW STUDENT SECTION

GW Student Name: _____ GWID: _____
Last First MI

FAMILY SECTION

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

Sibling/Spouse/Dependent Child Name: _____

Social Security Number: _____ Birth Date of Sibling/Spouse/Dependent Child: _____

College/university which sibling/spouse/dependent child will attend in 2009-2010: _____

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 THE FINANCIAL AID OFFICE AT THE FAMILY MEMBER'S INSTITUTION)

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 2009-2010 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