



# 2009-2010 INCOMING STUDENTS SIBLING ENROLLMENT VERIFICATION

STUDENT FINANCIAL ASSISTANCE

THIS FORM IS REQUIRED FOR EACH SIBLING OF A **GW INCOMING FRESHMAN/TRANSFER STUDENT** WHO WAS LISTED ON THE PROFILE AND FAFSA AS BEING IN THE HOUSEHOLD AND IN COLLEGE FOR THE 2009-2010 ACADEMIC YEAR. FAMILY MEMBERS IN COLLEGE MUST BE ENROLLED AT LEAST HALF-TIME IN A DEGREE PROGRAM AS AN UNDERGRADUATE STUDENT AT A POST-SECONDARY INSTITUTION ELIGIBLE TO RECEIVE FEDERAL FUNDS. SIBLINGS MUST BE CONSIDERED DEPENDENT FOR FINANCIAL AID AT THEIR INSTITUTION.

## GW STUDENT SECTION

GW Student Name: \_\_\_\_\_ GWID: \_\_\_\_\_  
Last First MI

## GW SIBLING SECTION

Sibling Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Birthday of Sibling: \_\_\_\_\_ College Entry Date: \_\_\_\_\_  
 College/University which sibling 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 Signature Date

## ENROLLMENT VERIFICATION

(TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE SIBLING'S INSTITUTION)

Anticipated Graduation Date: \_\_\_\_\_  
 Enrolled in a:  Degree Program  Certificate Program  Non-Degree Program  
 Student is:  An Undergraduate Student  A Graduate Student  
 Student is considered:  Dependent  Independent

\_\_\_\_\_  
 Signature of Financial Aid Officer Date

\_\_\_\_\_  
 Type/Print Name and Title of Financial Aid Officer Phone Number ED Code