



FAMILIES WITH TWO OR MORE DEPENDENT CHILDREN SIMULTANEOUSLY ENROLLED AS FULL TIME UNDERGRADUATES DEGREE SEEKING STUDENTS ARE INVITED TO APPLY. THIS GRANT IS CONTINGENT ON ALL SIBLINGS MAINTAINING SATISFACTORY ACADEMIC PROGRESS AND FULL-TIME ENROLLMENT EACH SEMESTER. APPLICATIONS ARE DUE BY JULY 1, 2009.

- Families that are applying for the grant for the first time who are U.S. citizens, permanent residents and other tax filers must provide a signed copy of the first 2 pages of the parent's 2008 federal tax return **on which all children listed below are claimed as dependents.**
- If this form is being submitted without an attached 2008 federal tax return, please indicate reason below:
 - Parent(s) filed an extension. Attach a copy of IRS Form 4868 (and IRS Form 2688 if applicable).
 - Students are International Students and parent is not required to file a U.S. Tax Return. Attach documentation of sibling and dependent status from the International Services Office (ph (202) 994-4477, fax (202) 994-4488).
 - Students are Permanent Residents however parents are not required to file a U.S. Tax Return. Attach legal documentation of family status such as a Statement of Household or birth certificates for each student showing both students to have the same parents. All foreign documents should be translated into English.
 - Student has previously received the Family Grant and proof of dependency is on file with the Office of Student Financial Assistance.

APPLICANT INFORMATION

Period for which you are applying: Full Academic Year Fall 2009 Only Spring 2010 Only

Student # 1 Name _____ **GWID:** _____
Last First MI

Expected Graduation: Month _____ Year _____ Date of Birth: _____

Number of credit hours for which student will register Fall 2009 _____ Spring 2010 _____

HAS STUDENT APPLIED FOR OTHER FINANCIAL AID FROM THIS OFFICE? Yes No

Student # 2 Name _____ **GWID:** _____
Last First MI

Expected Graduation: Month _____ Year _____ Date of Birth: _____

Number of credit hours for which student will register Fall 2009 _____ Spring 2010 _____

HAS STUDENT APPLIED FOR OTHER FINANCIAL AID FROM THIS OFFICE? Yes No

Student # 3 Name _____ **GWID:** _____
Last First MI

Expected Graduation: Month _____ Year _____ Date of Birth: _____

Number of credit hours for which student will register Fall 2009 _____ Spring 2010 _____

HAS STUDENT APPLIED FOR OTHER FINANCIAL AID FROM THIS OFFICE? Yes No

I certify that the above is correct and that I will notify The Office of Student Financial Assistance of any changes in my children's registration status during the academic year.

Parent Signature _____ Date _____