



2010-2011 VERIFICATION OF FAMILY MEMBER ENROLLMENT

STUDENT FINANCIAL ASSISTANCE

THIS FORM MUST BE COMPLETED FOR EACH FAMILY MEMBER REPORTED TO BE IN COLLEGE. IN ORDER FOR THE FAMILY MEMBER TO BE CONSIDERED "IN COLLEGE" FOR THE PURPOSES OF FINANCIAL AID, THEY MUST BE ENROLLED AT LEAST HALF-TIME IN A DEGREE OR CERTIFICATE PROGRAM AT A POST-SECONDARY INSTITUTION ELIGIBLE TO RECEIVE FEDERAL FUNDS. IN ADDITION, SIBLINGS MUST BE CONSIDERED DEPENDENT FOR FINANCIAL AID PURPOSES AT THEIR INSTITUTION. NOTIFY OUR OFFICE IMMEDIATELY OF ANY CHANGES TO THE EDUCATIONAL PLANS OF FAMILY MEMBERS WHO WERE INITIALLY REPORTED AS IN SCHOOL AS ADJUSTMENTS TO FINANCIAL AID ELIGIBILITY MAY BE NECESSARY.

PLEASE COMPLETE THE GW STUDENT AND FAMILY MEMBER SECTIONS AND HAVE THE **FINANCIAL AID OFFICE** AT THE FAMILY MEMBER(S) INSTITUTION COMPLETE THE ENROLLMENT VERIFICATION SECTION AND RETURN THE FORM TO OUR OFFICE.

GW STUDENT

GW Student Name: _____ GWID: _____
Last First MI

FAMILY MEMBER

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

Family Member Name: _____

Social Security Number: _____ Birth Date: _____

College/university family member will attend in 2010-2011: _____

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

 Family Member Signature Date

ENROLLMENT VERIFICATION

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

Program: Degree Certificate Non-Degree

Degree Level: Undergraduate receiving aid as: *Independent* *Dependent* *Not an aid applicant*
 Graduate student

Enrollment Status: Full Time 1/2 Time Less Than 1/2 Time

Anticipated Graduation Date: _____

Total Budget: \$ _____ Total Family Contribution (EFC): \$ _____

 Signature of Financial Aid Officer Date

 Type/Print Name and Title of Financial Aid Officer Phone No. ED Code