

## SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM

## **DEADLINE: OCTOBER 1, 2024**

The application you submitted for financial aid indicated that you have one or more siblings and/or a spouse who is attending college. **The sibling(s) and/or spouse must be enrolled at least half- time. Do not include your parents.** Please complete <u>Section One</u> and <u>Section Two</u> of this form and forward it to your sibling's or spouse's college for completion of <u>Section Three</u>. This form must be submitted to the GW SMHS Financial Aid Office by October **1, 2024**. Failure to submit this form will result in an adjustment to your MD Program Financial Aid Scholarship award.

This form is to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2024-2025 academic year.

Submit this completed form by using our secure link: https://gwu.app.box.com/f/3a87da6d669f4663bc7a5fb35234511f

		GWID #		
<u>Se</u>	CTION TWO - SIBLING	G/SPOUSE INFORMA	<u>TION</u> .	
Sibling Name	School	School Name		
Spouse Name	School Name			
	SECTION THREE - SCH		<u></u>	
TO BE C	OMPLETED BY AUTHOR	RIZED SCHOOL OFFIC	IAL ONLY	
. Note	: Sibling/Spouse must b	e enrolled at least hal	f-time.	
Name of Institution	Pho	ne #		
Fall 2024 Enrollment Status_	Full-time	Half-time	Not Enrolled	
Spring 2025 Enrollment Statu	sFull-time	Half-time	Not Enrolled	
Is the student enrolled i	n a degree granting pro	gram?YesN	No Degree type:	
Expect	ed Date of Graduation (r	nonth/year):		
School Official Signature / Titl	e:		Date:	
ool Official Printed Name: Em			dress:	
Expect School Official Signature / Titl chool Official Printed Name:	ed Date of Graduation (r e: nay submit Clearinghou	nonth/year): Email ad	Date: dress:	

Please return by October 1, 2024 GW SMHS Office of Financial Aid, 2300 I Street NW, Ross Hall-Suite 106, Washington, DC 20052 Phone: 202–994–2960 opt. 1 Fax: 202-994-9488 Email: medfinan@gwu.edu