

**MD Program Office of Financial Aid**

2300 I St. NW, Ross Hall Room 106,

Washington, DC 20052

[medfinan@gwu.edu](mailto:medfinan@gwu.edu)

tel. 202.994.2960

Fax. 202.994.9488

**SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM****DEADLINE: OCTOBER 1, 2022**

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.** This information needs to be verified. Please complete Section One and Section Two of this form and forward it to your sibling's or spouse's college for completion of Section Three. This form must be submitted to the GW MD Program Financial Aid Office by October 1, 2022. Failure to submit this form will result in an adjustment to your MD Program Financial Aid Scholarship award.

Please note that your institutional aid may be reduced due to sibling non-enrollment.

**This form is only to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2022-2023 academic year.**

**SECTION ONE – GW MD PROGRAM STUDENT INFORMATION**\_\_\_\_\_  
GW Student Name\_\_\_\_\_  
GWID #**SECTION TWO – SIBLING/SPOUSE INFORMATION****Note: Sibling/Spouse must be enrolled at least half-time.**\_\_\_\_\_  
Sibling Name

OR

\_\_\_\_\_  
Spouse Name\_\_\_\_\_  
School Name for (Sibling)

OR

\_\_\_\_\_  
School Name for (Spouse)**SECTION THREE – SCHOOL CERTIFICATION****TO BE COMPLETED BY AUTHORIZED SCHOOL OFFICIAL ONLY**

Return this form to the email address below or fax to 202-994-9488. Thank you.

Name of Institution \_\_\_\_\_ Phone # \_\_\_\_\_

Fall 2022 Enrollment Status \_\_\_\_\_ Full-time \_\_\_\_\_ Half-time \_\_\_\_\_ Not Enrolled

Spring 2023 Enrollment Status \_\_\_\_\_ Full-time \_\_\_\_\_ Half-time \_\_\_\_\_ Not Enrolled

Is the student enrolled in a degree granting program? \_\_\_\_ Yes \_\_\_\_ No Degree type: \_\_\_\_\_

Expected Date of Graduation (month/year): \_\_\_\_\_

School Official Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Printed Name: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Alternatively, you may submit Clearinghouse documentation or other official verification containing a school seal or stamp.

**Please return by October 1, 2022 to:**

MD Program 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

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