



**APPLICATION FOR NEED-BASED AID**

**PRIORITY DEADLINES:**

Incoming Students March 1, 2023

Returning Students May 1, 2023

**NOTE:** For the 2023-2024 academic year, you must use 2021 tax information to complete the FAFSA and all need-based forms.

Please answer **all** of the questions contained in this application. Failure to answer any of the questions may lead to a delay in your being offered need-based aid or your application being denied. If a question is not applicable, please write in NA. At the end of this application, you will be asked to certify your responses. The best way to submit documents is via email to: [medfinan@gwu.edu](mailto:medfinan@gwu.edu). Please redact (black out) all social security numbers within submitted documents. Please send your [PDF documents password protected](#). Please file a Type 2 Appeal if you or your parents have experienced a significant change in income or assets from the 2021 tax year (see our forms page: <https://mdfinancialaid.smhs.gwu.edu/md-program-forms>).

**SECTION A. APPLICANT INFORMATION**

- 1. Student's Name \_\_\_\_\_
- 2. Student's GWID \_\_\_\_\_
- 3. Student's e-mail address \_\_\_\_\_
- 4. Student's Permanent Address \_\_\_\_\_
- 5. Student's Local Address \_\_\_\_\_
- 6. Student's local telephone/cell phone number \_\_\_\_\_
- 7. Student's Marital Status: Single \_\_\_ Divorced \_\_\_ Married \_\_\_ Date of Marriage \_\_\_\_\_ No. of Children \_\_\_
- 8. What class will you be in in the 2023-2024 year? \_\_\_ 2024 \_\_\_ 2025 \_\_\_ 2026 \_\_\_ 2027
- 9. As an undergraduate student did you receive a Pell Grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION B. STUDENT RESOURCES**

- 10. Do you intend to obtain federal loans to finance your education in the 2023-2024 academic year? \_\_\_ Yes \_\_\_ No
- 11. Please estimate the following items for the entire 2023-2024 academic year:  
 Financial assistance from parents, relatives or friends (gifts or loans) \$ \_\_\_\_\_  
*Failure to disclose outside resources may reduce your need-based aid eligibility in a subsequent aid year.*
- 12. Are you currently receiving or have you applied for a military/service commitment scholarship? \_\_\_ Yes \_\_\_ No  
 Which Branch? \_\_\_ Air Force \_\_\_ Army \_\_\_ Navy \_\_\_ VA \_\_\_ National Health Service Corp (NHSC)  
**Has this scholarship been granted?** \_\_\_ Yes \_\_\_ No

13. Do you expect to receive a Health Careers Opportunity Program (HCOP) scholarship for the 2023-2024 year?

Yes  No Amount of Funding Expected: (\$) \_\_\_\_\_

14. What **other outside** resources are you seeking for 2023-2024 (do not include federal student loans)?

In the space below please list the name of the resource, if it is a loan or scholarship, the amount in US dollars and if the award has been confirmed.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SECTION C. INCOME INFORMATION-STUDENT (THE APPLICANT) (AND SPOUSE IF APPLICABLE)**

15.  I/we filed federal income taxes for 2021 and have provided copies of my/our forms with all schedules and W2s.

I/we were not required to file a 2021 tax return and **did not** file federal taxes for 2021, for one of the following:  
*\*If you check this box, you must complete and submit the 2023-2024 Non-Filing Student Statement as well as the IRS Verification of Non-filing Letter.*

Received no taxable income

Taxable income received was less than amount required for filing

Amount of income: \$\_\_\_\_\_ Source: \_\_\_\_\_ *You must submit your W2 and/or 1099 form*

Other or Untaxed Income: \_\_\_\_\_

**16. Student's (and spouse's) Expected Income and Benefits for 2023**

Write in the amount of income that you (and your spouse) made or expect to have earned in 2023. Include wages, salaries, tips and other taxable income as well as untaxed income and benefits. Please include any stipend (i.e. Military, NHSC). Do not include student loans. Write "0" if you (and your spouse) do not expect to have any income earned from work during the 2023 tax year.

Students expected income for 2023 \$\_\_\_\_\_

Spouse's expected income for 2023 \$\_\_\_\_\_

2023 other taxable income: \$\_\_\_\_\_

2023 untaxed income and benefits: \$\_\_\_\_\_

**SECTION D. STUDENT AND SPOUSE'S ASSETS**

17. Cash, savings and checking accounts \$\_\_\_\_\_ (exclude funds in savings dedicated to paying for educationally related expenses for the 2022-2023 academic year. E.g. rent)

18. Total value of IRA, Keogh, 401K, 403b, accounts as of December 31, 2022 \$\_\_\_\_\_

For questions 19-22 please use zeros for fields that do not apply to your asset portfolio.

19. Investment value today? \$ \_\_\_\_\_ Amount owed? \_\_\_\_\_  
20. Home/Domicile (Renters write \$0) value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_  
21. Other Real Estate/ Investment Properties value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_  
22. Business and Farm value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_  
23. If a farm was included above, is the student living on the farm? \_\_\_\_ Yes \_\_\_\_ No  
24. If you own a home please indicate: a. Year Purchased \_\_\_\_\_ b. Purchase Price \$ \_\_\_\_\_  
c. Monthly Mortgage Payment \$ \_\_\_\_\_

#### SECTION E. STUDENT'S TRUST AND 529 PLAN INFORMATION

25. Total Value of the Trust/529 Plan \$ \_\_\_\_\_  
26. Is any income or part of the principal currently available? \_\_\_\_ Yes \_\_\_\_ No  
27. Who established the Trust/529 Plan? \_\_\_\_ Student's Parents \_\_\_\_ Other

#### SECTION F. STUDENT'S HOUSEHOLD INFORMATION

28. Number of family members **supported by the student within the student's household (include yourself)?** \_\_\_\_\_
- a. Family member 1 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_
- b. Family member 2 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_
- c. Family member 3 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_
- d. Family member 4 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_
- e. Family member 5 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_
- f. Family member 6 name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_ Yes \_\_\_\_ No, Name of College \_\_\_\_\_

If there are more than 6 family members, list them on a separate sheet. Please complete a sibling verification form if your spouse, or other dependent, is enrolled in college at least half-time.

#### SECTION G. FINANCIAL AID HISTORY- DO NOT LEAVE BLANK IF YOU HAVE HAD STUDENT LOANS.

29. What is your total federal student loan debt outstanding as of today? \$ \_\_\_\_\_  
(Use <https://studentaid.gov> to find the answer)
30. What is your total private student loan debt as of today? \$ \_\_\_\_\_ (pull your credit report at [www.annualcreditreport.com](http://www.annualcreditreport.com) to find the answer)
31. Attach a copy of your [StudentAid](#) Snapshot (If you received a Pell Grant you must attach a copy of your Studentaid.gov Snapshot).

## SECTION H: PARENT INFORMATION

**PARENT(S) COMPLETE THIS SECTION ONLY IF THE STUDENT IS APPLYING FOR GW NEED-BASED AID. PARENTS MUST ALSO COMPLETE THE PARENT SECTIONS OF THE 2023-2024 FREE APPLICATION FOR FEDERAL STUDENT AID.**

PLEASE BE SURE TO INCLUDE THE STUDENT/APPLICANT'S NAME AND GWID ON ALL FORMS SUBMITTED TO OUR OFFICE. IN ADDITION, BOTH NATURAL / ADOPTIVE PARENTS MUST SUBMIT A COPY OF THEIR 2021 TAX RETURN (INCLUDING ALL SCHEDULES) ALONG WITH THE W-2 FORM(S) DIRECTLY TO OUR OFFICE VIA EMAIL [MEDFINAN@GWU.EDU](mailto:MEDFINAN@GWU.EDU) (PLEASE REDACT SSNs).

32. What is the marital status of the student's/applicant's natural/adoptive parents?

Married  Widowed  Divorced  Separated  Never Married

Natural/Adoptive Parent 1 Name \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Natural/Adoptive Parent 2 Name \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

33. DIVORCED/SEPARATED PARENTS (To be completed by natural/adoptive parent or legal guardian)

Date of Divorce/Separation \_\_\_\_\_

Who last claimed the student as a tax dependent? \_\_\_\_\_ Tax year \_\_\_\_\_

Which parent's information is included on this form? \_\_\_\_\_

**Note: Financial information is required of both natural or adoptive parents, even if the parents are separated or divorced. If divorced, one parent should complete the parent sections of the FAFSA and the parent section of this need-based aid application with the student/applicant. The other parent must submit the non-custodial parent information forms.**

**Non-Custodial Parents Information Forms must be submitted directly to our office via email at [medfinan@gwu.edu](mailto:medfinan@gwu.edu).**

1. Complete the parent section of a PDF FAFSA form (<https://studentaid.gov/sites/default/files/2023-24-fafsa.pdf>)
2. Non-custodial Parent Statement (this form may be found on our forms page, here: [MD Program Forms | School of Medicine and Health Sciences \(gwu.edu\)](#))
3. 2021 tax returns, all schedules and W2(s)

34. If there are any special circumstances such as adoption issues, please attach a separate sheet with an explanation.

### Parent Household Information

35. Number of family members **supported by the parent in the parent's household (include the MD student)?** \_\_\_\_\_

a. Family member 1 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

b. Family member 2 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

c. Family member 3 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

d. Family member 4 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

e. Family member 5 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

f. Family member 6 name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Enrolled half-time in college \_\_\_\_\_ Yes \_\_\_\_\_ No, Name of College \_\_\_\_\_

If there are more than 6 family members, list them on a separate sheet. Please complete a [sibling verification form](#) for each dependent in enrolled half-time in the parent's household.

36. The Office of Financial Aid can discuss my financial information and/or situation with my child.

Yes  No if no, please let us know how we may contact you:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: Students who wish to provide financial aid account FERPA access to their parents, or a third-party, must submit a [Student Consent Form](#).

Please answer the following questions about your **expected 2023** income.

- 37. 2023 Income earned from work (Parent 1) \$ \_\_\_\_\_
- 38. 2023 Income earned from work (Parent 2) \$ \_\_\_\_\_
- 39. 2023 Other taxable income \$ \_\_\_\_\_
- 40. Social Security Benefits \$ \_\_\_\_\_
- 41. Aid to Families with Dependent Children \$ \_\_\_\_\_
- 42. Other Untaxed income or benefits \$ \_\_\_\_\_
- 43. Value of cash, savings and checking accounts as of today \$ \_\_\_\_\_
- 44. Total value of IRA, Keogh, 401K, 403b, accounts as 12/31/2022 \$ \_\_\_\_\_

For questions 45-48 please insert zeros where appropriate, please do not leave any field blank.

- 45. Investment value today? \$ \_\_\_\_\_ Amount owed? \_\_\_\_\_
- 46. Home/Domicile (Renters write \$0) value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_
- 47. Other Real Estate/ Investment Properties value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_
- 48. Business and Farm value today? \_\_\_\_\_ Amount owed? \_\_\_\_\_

**Property Information**

- 49. Total number of properties owned, **including** primary residence: \_\_\_\_\_
- 50. If a farm is owned, is the student living on the farm? \_\_\_\_ Yes \_\_\_\_ No
- 51. If you own a home please indicate: a. Year Purchased \_\_\_\_\_ b. Purchase Price \$ \_\_\_\_\_  
c. Mortgage payment \$ \_\_\_\_\_ d. Annual property tax paid \$ \_\_\_\_\_

*\*If you entered amounts on these lines, please be sure to complete number 46 above.*

- 52. How many vehicles do you own? \_\_\_\_\_
- 53. What is the total value for all vehicles owned? \$ \_\_\_\_\_
- 54. What is the total owed for all vehicles owned? \$ \_\_\_\_\_

**Certification**

I/we certify that the information I/we have provided on this form is true and complete. I/we further authorize the GW MD Program Office of Financial to utilize this information for the purposes of student financial aid need analysis.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Both parents must provide an Adobe Certified signature if a hand signature is not possible. If parents are divorced/separated, parent whose information is included on this form must sign here, the other parent must complete and sign the Non-Custodial Parent Form.**

## STUDENT CERTIFICATION

I certify that I will use any money I receive from federal or institutional programs only for expenses related to my studies in The George Washington University School of Medicine and Health Sciences MD Program. I also certify that I do not owe a refund on a grant received under the Pell Grant, Supplemental Educational Opportunity Grant or the State Incentive Grant programs. I also certify that I am not in default on any loan, and have not borrowed in excess of the loan limits under the Title IV program at any institution. If I have borrowed in excess of loan limits I certify that I have made satisfactory arrangements with my servicer to repay the overpayment.

I certify that the information I have provided on this form is true and complete. I further certify that I will notify the GW MD Program Office of Student Financial Aid if there are any changes in my information, at any time during the academic year that may affect my financial situation. I understand that the death of a parent or a change in marital status may have an impact on my financial aid status and must be reported.

I understand that the George Washington University School of Medicine and Health Sciences reserves the right to review or modify financial aid commitments at any time because of changes in my financial, marital, or academic status (including satisfactory academic progress) or changes in the availability of GW MD Program institutional funds. I understand the deadline to submit a completed application for need-based aid is August 5, 2023.

**I also understand that it is my responsibility to pay my university obligations (tuition, etc.) in a timely manner according to published deadlines and that failure to do so may result in my being prevented from registering for a subsequent semester, as well as the possible cancellation of my enrollment at The GW School of Medicine and Health Sciences.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(NOTE: Please use an Adobe Certified signature if a hand signature is not possible.)

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(NOTE: Please use an Adobe Certified signature if a hand signature is not possible.)

**WARNING! To receive any Title IV financial aid (Unsubsidized Loans or Graduate PLUS Loans) required items indicated on GWEB must be listed as complete/satisfied. If requested by the MD Program Office of Financial Aid, and noted on your Student Aid Report, you must complete the Statement of Educational Purpose, and/or Certification Statement on Refunds and Default, and/or submit passport or Certification of Naturalization. If you purposely give false or misleading information, you will jeopardize receipt of current financial aid offers and future consideration of assistance from The George Washington University School of Medicine and Health Sciences. You may also be subject to a fine of up to \$20,000 and/or imprisonment, for making false statements on Department of Education forms.**

The George Washington University does not unlawfully discriminate against any person on any basis prohibited by federal law, the District of Columbia Human Rights Act, or other applicable law, including without limitation, race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity or expression. This policy covers all programs, services, policies, and procedures of the university, including admission to education programs and employment.

Inquiries concerning this policy and federal and local laws and regulations concerning discrimination in education and employment programs and activities may be directed to the university's Office of Equal Employment Opportunity and Affirmative Action, 2013 H Street, NW, 3rd Flr Washington, DC 20006, 202-994-9656, [eeo@gwu.edu](mailto:eeo@gwu.edu). Inquiries may also be directed to the US Department of Education Office for Civil Rights, the US Equal Employment Opportunity Commission, or the applicable state or local agency (for example, the District of Columbia Office of Human Rights).

Questions regarding protections against discrimination on the basis of sex may be directed to the university's Title IX Coordinator, the Vice Provost for Diversity and Inclusion, Building YY, 812 20th St. NW, Washington, DC 20052, 202-994-7434.

Questions regarding the protections against discrimination on the basis of disability may be directed to the university's Disability Services Coordinators. Students may contact the Associate Dean of Students, Administrative Services, Office of the Dean of Students, 1918 F St. NW, Washington, DC 20052, 202-994-6710, and other members of the university community may contact the Executive Director of Equal Employment Opportunity and Affirmative Action, 2033 K Street, NW, Ste 750 Washington, DC 20052, 202-994-9633.

To request disability accommodations, students should contact the Office of Disability Support Services at 202-994-8250 or [dss@gwu.edu](mailto:dss@gwu.edu). Employees and other members of the university community should contact the Office of Equal Employment Opportunity and Affirmative Action at 202-994-9656 or [eeo@gwu.edu](mailto:eeo@gwu.edu)

Security Information: GW is committed to assisting all members of the GW community in providing for their own safety and security. Information regarding campus security and personal safety including crime prevention, university police enforcement authority, crime reporting policies, crime statistics for the most recent three-year period, and disciplinary procedures is available at <https://safety.gwu.edu/annual-security-fire-safety-report>. To obtain a booklet containing this information, please contact: University Police Department; The George Washington University; 2033 G Street, NW; Washington, DC 20052; 202.994.6111.