UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

FINANCIAL AID APPLICATION FOR 2010-2011: ENTERING MD STUDENTS

Name _____ SS# _____
Last First MI

Permanent Address _____

Home Telephone _____ E-Mail Address: _____

School Address if known_____ School/Cell phone:_____

Check all of the boxes below relevant to your personal situation:

☐ Parents married

☐ Parents divorced/separated

☐ Father remarried ☐ Mother remarried

☐ Father deceased

☐ Mother deceased

☐ I anticipate receiving an outside (non-University) grant or scholarship for 2010-2011

Source: _____ Amount: $_____

☐ I anticipate receiving tuition benefits as the spouse of a University of Rochester employee.

☐ **I WISH TO BE CONSIDERED FOR FEDERAL FUNDS** and will, therefore:

☐ Submit a FAFSA (Free Application for Federal Student Aid). Approximate submission date:_____

☐ Provide a copy of my (and/or spouses, if appropriate) ***signed 2009 federal 1040 income tax return***.

☐ Enclosed Approximate submission date: _____

☐ NOT provide a copy of my (or my spouse's) tax return because no return will be filed for 2009.

☐ **I WISH TO BE CONSIDERED FOR SCHOOL FUNDS** and will, therefore:

☐ Complete and submit the Need Access application online at *www.needaccess.org*.

Approximate submission date: _____

☐ Provide a copy of my parents' ***signed 2009 federal 1040 tax return, schedules & W-2's***.

☐ Enclosed Approximate submission date: _____

☐ NOT provide a copy of my parents' tax return because no return will be filed for 2009.

In addition to certifying the truth of this information, I agree to provide additional documentation if required and to notify the Financial Aid Office of the School of Medicine and Dentistry of any change affecting my financial status during the 2010-2011 academic year. Furthermore, students may ultimately receive financial support from a specific named scholarship fund (based on either financial need, or academic merit). Recipients of named scholarship funds may be required to send the benefactor (or designee) a brief note of thanks. By signing, you agree to fulfill this requirement.

Signature: ***Date***:

Submit to: Financial Aid Office, University of Rochester School of Medicine & Dentistry
601 Elmwood Avenue - Box 601, Rochester, NY 14642-0001