

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY
FINANCIAL AID APPLICATION FOR 2007-2008: M.P.H., MS & Ph.D. Students

Name _____ SS# _____
Last First MI

Permanent Address _____

School Address _____

Home Telephone _____ School Telephone _____ Department _____ Box # _____

E-mail Address _____

ACADEMIC INFORMATION

Expected Graduation Date (mm/dd/yy) _____ Degree Program _____

Unless you indicate otherwise, all Ph.D. candidates are assumed to be enrolled for a 12-month academic period and all MS and M.P.H. candidates for 9 months. Please indicate how many months you will be enrolled for the 07/08 academic period:

12 months 9 months Other (specify) _____

Enrollment Status - Number of credit hours: Summer 07 _____ Fall _____ Spring _____ Summer 08 _____

FINANCIAL INFORMATION

Indicate below the assistance which you anticipate receiving for the 07/08 academic year. This amount will be included as resource in determining your need for additional financial assistance.

1. Tuition Support: Full Partial None If partial, indicate amount: \$ _____

2. Health Fee Coverage by your department: Full Partial None

Indicate below the assistance that you are applying for.

Federal Stafford Loans Federal Work-study Other

APPLICATION DOCUMENTS REQUIRED

- Submit a University of Rochester Financial Aid Application.
- Submit a FAFSA (Free Application for Federal Student Aid). Approximate submission date: _____
- Provide a copy of my (and/or spouses, if appropriate) signed 2006 federal income tax return.
 - Enclosed
- NOT provide a copy of my (or my spouse's) tax return because no return will be filed for 2006.

FEDERAL STAFFORD LOANS

First time SMD borrowers eligible for Federal Stafford loans will receive a promissory note directly from the Financial Aid Office.

To the best of my knowledge, I affirm that the information submitted on this form and all other financial aid forms is accurate, true, and complete. Furthermore, I agree to notify the Financial Aid Office of the School of Medicine and Dentistry of any change affecting my/our financial status during the 2007-2008 academic year.

Signature

Date

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