

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY**  
**FINANCIAL AID APPLICATION FOR 2008-2009: 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 08/09 academic period:

12 months     9 months     Other (specify) \_\_\_\_\_

Enrollment Status - Number of credit hours:    Summer 08 \_\_\_\_\_    Fall 08 \_\_\_\_\_    Spring 09 \_\_\_\_\_

**FINANCIAL INFORMATION**

Indicate below the assistance which you anticipate receiving for the 08/09 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 2007 federal income tax return.
  - Enclosed
- NOT provide a copy of my (or my spouse's) tax return because no return will be filed for 2007.

**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 2008-2009 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