UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

FINANCIAL AID APPLICATION FOR 2008-2009: 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 2008-2009

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 2007 federal 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 2007.

☐ **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 2007 federal 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 2007.

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 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