UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

FINANCIAL AID APPLICATION FOR 2007-2008: RETURNING MD STUDENTS

Name _____ SS# _____
Last First MI

Permanent Address _____

Rochester Address _____

Medical Center Box #_____ Home Telephone_____ Rochester Telephone _____

Medical School Class in 2007-2008: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Student Fellow ☐ MD/PhD on PhD-side

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 2007-2008.

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 my spouse's, if relevant) signed 2006 federal income tax return.

☐ Enclosed Approximate submission date: _____

☐ NOT provide a copy of my (or my spouse's) federal tax return because no return will be filed for 2006.

☐ I wish to be considered for federal funds restricted to recipients from a disadvantaged background, i.e. *an environment that could potentially limit the development of knowledge, skills, and abilities generally necessary for success in medical education.*

☐ I wish to be considered for federal Primary Care Service-Commitment funds, preference for which must be given students from disadvantaged backgrounds.

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

☐ Complete and submit the Need Access application online at *www.needaccess.org/apply.htm*.
Approximate submission date: _____

☐ Provide a copy of my parents' signed 2006 federal tax return, schedules & W-2's.

☐ Enclosed Approximate submission date: _____

☐ NOT provide a copy of my parents' federal tax return because no return will be filed for 2006.

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 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