

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY**  
**FINANCIAL AID APPLICATION FOR 2018-2019: M.P.H., M.S. & 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 18/19 academic period:

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

Enrollment Status - Number of credit hours:    Fall 18 \_\_\_\_\_    Spring 19 \_\_\_\_\_    Summer 19 \_\_\_\_\_

**FINANCIAL INFORMATION**

Indicate below the assistance which you anticipate receiving for the 18/19 academic year. This amount will be included as resource in determining your need for additional financial assistance.

1. Tuition Support from your Dept.:    ☐ Full    ☐ Partial    ☐ None    If partial, indicate amount: \$ \_\_\_\_\_

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

University Health Insurance (Check one):

☐ I plan on waiving the Optional University Health Insurance because I am covered by other insurance.

***Note:** You will need to formally waive the Optional University Health Insurance on University Health Service's website.*

☐ I plan on accepting the Optional University Health Insurance for the 2018-2019 Academic Year.

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: \_\_\_\_\_

**FEDERAL STAFFORD LOANS**

First time SMD borrowers eligible for Federal Stafford loans will receive instructions on signing a promissory note 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 2018-2019 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