UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

FINANCIAL AID APPLICATION FOR 2018-2019: MEDICAL STUDENTS

Name _____ SS# _____
Last First MI

Permanent Address _____

Rochester Address _____

Medical Center Box #_____ Home Telephone_____ Rochester/Cell Telephone_____

Medical School Class in 2018-2019: ☐ 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

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.

☐ I anticipate receiving an outside (non-University) grant or scholarship for 2018-2019.

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 University of Rochester Financial Aid Application.

☐ Submit a FAFSA (Free Application for Federal Student Aid). Approximate submission date: _____

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

☐ Complete and submit the CSS PROFILE application online at *https://student.collegeboard.org/profile*.
Approximate submission date: _____

☐ Provide a copy of my ***signed 2016 federal 1040 tax return, forms, schedules & W-2's***.

☐ Enclosed Approximate submission date: _____

☐ NOT provide a copy of my federal tax return because no return will be filed for 2016.

☐ Provide a copy of my parents' ***signed 2016 federal 1040 tax return, forms, 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 2016.

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 2018-2019 academic year. Furthermore, students may ultimately receive financial support from a specific named scholarship fund (based on either financial need, or academic merit). Recipients of named scholarship funds may be required to send the benefactor (or designee) a brief note of thanks. By signing, you agree to fulfill this requirement.

Signature_____ **Date:** _____

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