

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY  
FINANCIAL AID APPLICATION FOR 2024-2025: MEDICAL STUDENTS**

Name \_\_\_\_\_ UR ID# \_\_\_\_\_ AMCAS# \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_

Rochester Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Rochester/Cell Telephone \_\_\_\_\_

Medical School Class in 2024-2025:  Phase 1  Phase 2  Phase 3  Phase 4  Student Fellow

**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 2024-2025 Academic Year.
- I anticipate receiving an outside (non-University) grant or scholarship for 2024-2025.  
Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- I anticipate receiving tuition benefits as the spouse of a University of Rochester employee.

**Financial Aid Options:**

- I wish to be considered for Federal Funds (including Federal Loans):
- I wish to be considered for **Federal Work Study ONLY** 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 University Need-Based 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 2022 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 2022.
- Provide a copy of my parents' **signed 2022 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 2022.

*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 2024-2025 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: \_\_\_\_\_