

University of Massachusetts Medical School
Application for Financial Aid 2016-2017

APPLICANT INFORMATION			
Last Name:		First Name:	
Middle Initial:			
Local Address:			
City:		State:	ZIP code:
Home Phone:		Cell Phone:	
SSN#:		DOB:	
Email address:		Auto make, year, model:	
Will you live with your parents in 2016-2017? YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License # & State:	
Spouse's name (if applicable):		Year married:	
Circle School Enrolled:	Medical	MD/PhD	GSBS GSN
Student : New <input type="checkbox"/> Returning <input type="checkbox"/>		Antic. Graduation Date:	

Federal Loan Amount Requested:

NOTE: Estimate what your financial needs will be after subtracting the amount of other financial resources such as institutional aid, savings, family contributions, etc. It is advised to request the lowest amount to avoid unnecessary loan fees and interest accrual. You are eligible to borrow additional financial aid funds (up to Cost of Attendance) at any time during the academic year. Please contact the Financial Aid office for instructions on requesting additional funds.

Other	Lower Debt	Medium Debt	Higher Debt	Highest Debt
\$ _____	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,500 MAXIMUM for Non-Medical GRADUATE Students	<input type="checkbox"/> \$30,000	<input type="checkbox"/> MAXIMUM Medical Students Only \$42,722 MS1 \$42,722 MS2 \$47,167 MS3 \$47,167 MS4

If the maximum amount of unsubsidized Stafford Loans (\$42,722 for first year and second year medical students; \$47,167 for third year and fourth year medical students; \$20,500 for all other graduate students) is not enough to cover your total cost of attendance, you may opt to apply for a Federal Direct Grad PLUS loan. Please contact the Financial Aid office for information about the Federal Direct Grad PLUS Loan and application once you have received your award letter.

FIRST TIME APPLICANTS ONLY:

High School you graduated from:	
City and State of High School:	

PLEASE SELECT ONLY ONE of the two statements below with a signature and date:

1. I am applying for **Federal loans only**.

Signature:

Date:

2. I am applying for **BOTH** Federal loans and Institutional Aid. I understand that in order to be considered for Institutional Aid, I must complete the CSS Profile with my parents' financial information and submit copies of my parents' **SIGNED** 2015 Federal tax return(s) with all schedules and W2(s) attached. Please list applicant's name and SSN# at the top of parent's federal tax return.

What is the marital status of your parents (circle one)? **Never Married / Married / Widowed / Separated /Divorced**

If divorced, is parent one remarried? _____ Is parent two remarried? _____

If divorced, please indicate which parent is the custodial parent and which parent is the non-custodial parent.

Custodial parent name _____ Non-custodial Parent name _____

I understand that donors of financial aid funds sometime require reports about recipients. If I receive such funds, I authorize UMMS to release to donors my personal information such as academic standing, financial need and biographical data - provided below. I further agree to provide a thank you letter if requested.

Signature:

Date:

Biographical Data: Provide a brief biography outlining your accomplishments. This information may be used in the Annual Scholarship Dinner program. *(If more space is needed, attach a separate page.)*

If you or any member of your household is the beneficiary or grantor of a trust, please describe the value and terms of the trust.

Please list any scholarships or other forms of assistance you have applied for.
(Other than those from UMMS):

Please list any additional information you think should be considered in this application:

ALL APPLICANTS are required to sign the Statements and Certifications below:

Statements and Certifications

I certify that I will use any Title IV or HEA funds I receive only for expenses related to my attendance at UMMS. I certify that the information provided on this application is true and that I will notify the UMMS Financial Aid Office of any additional financial assistance received or any changes in my financial status.

Print Name:			
Signature:		Date:	